

Electronic Payment Transfer

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Phone: 970-963-2733
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APPLICATION & AGREEMENT

To sign up, complete this form, attach your voided check and return them to **The Town of Carbondale**. You may also return this form with your water bill payment. Within one or two billings, your bill will be marked **"Paid By Draft"** identifying your payment through Electronic Payment Transfer.
Please continue to make payments until this appears on your bill

Name (as shown on your water bill) _____

Town of Carbondale Water Account Number _____

Service Address _____

Mailing Address (if different) _____

Home Phone _____ Work Phone _____

Please Debit my: Checking Account **OR** Savings Account
(attach voided check) *(attach savings deposit slip)*

Name (as shown on check or savings account) _____

Account Number _____ Routing/Transit Number _____

Financial Institution _____

Address _____

Street

City & State

Zip

Financial Institution Phone Number _____

I hereby authorize The Town of Carbondale and the financial institution designated on this application to charge the account I have specified for payment of my monthly water bill. I have the right to stop payment of a charge by notifying The Town of Carbondale within five days after I receive my bill. I understand that a fee may be charged to my account for each request returned for insufficient funds. If two requests are returned for insufficient funds, I may be excluded from the plan. In addition, I understand that both the financial institution and The Town of Carbondale reserve the right to terminate this plan and/or my participation therein. Should I choose to withdraw from the plan, I will notify The Town of Carbondale.

Signature _____ Date Signed _____

**Incomplete or incorrect forms will delay the processing of your application.
Any questions, call 970-963-2733**