



DIRECT PAYMENT AUTHORIZATION AGREEMENT FOR WATER & SEWER BILLS

MUNICIPALITY: TOWN OF SILVERTHORNE DATE _____

Your Name (Please print as shown on bill) _____
(Last Name) (First Name)

Town of Silverthorne Account Number _____

Service Address _____ Telephone _____

City _____ State _____ Zip _____

I (we) authorize Town of Silverthorne to instruct my (our) bank/savings institution to make my (our) payments from the account listed below. I understand I (we) may revoke this authorization at any time by notifying Town of Silverthorne in writing.

Financial Institution _____

Your Acct Number _____ Checking Statement Savings

Signature(s) _____

Return this form with a **voided check***. Only use one form per service address.

***Please do not send deposit slips, since the bank routing number is usually different for deposits.**

The Town of Silverthorne will deduct your water and sewer payment on the 25th of the month following the end of the billing quarter, approximately 2 weeks after you receive your bill. (1st Quarter, April 25th, 2nd Quarter, July 25th, 3rd Quarter, October 25th, 4th Quarter, January 25th.) If the payment day falls on a weekend or holiday, the payment will be deducted the following business day.