

**November 16, 2020**

**Dear Collbran Water/Sewer Customer:**

Many customers have asked for direct debit of utility bills, and the Town has heard their request. We are excited to offer direct debit for utility bills paid by the owner of the property. Direct Debit offers peace of mind that your utility bill will be paid on time and completely free of charge. Save yourself time and money (no stamps, no envelope) **AND** we are offering a **\$15 bill credit** if you enroll in direct debit payment by December 31, 2020, which will be applied to your January 2021 bill.

**How it Works**

Fill out the form at the bottom of this letter AND the Direct Payment Authorization form on the reverse side and return with a voided check and your water payment in person or by mail to:

**Town of Collbran**  
PO Box 387  
Collbran, CO 81624

Once we have processed your request, you will receive an email or letter confirming your enrollment. When you receive your **next bill**, it will tell you the amount due and the date your payment will be taken out of your savings/checking account (typically on or around the 25<sup>th</sup> of each month). You still must send a payment for the current bill; **you will not be enrolled for the month that is currently due**

Unfortunately, Direct Debit is not available to water accounts paid by tenants because the Town is required to bill the property owner for water usage. Also, automatic credit/debit card payments are NOT available through Direct Pay, but you can continue to make online payments (although there is a credit card processing fee) through our website.

If you have any questions, please contact our office at 970-487-3751.

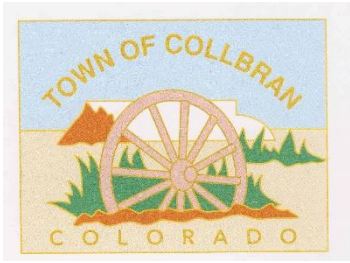
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**Authorization Form for Direct Debit/Auto Pay**  
Must complete one form for each property to be enrolled

Utility Account Number	Service Address		
Telephone Number	Email Address	E-bill Enrollment <input type="checkbox"/> Yes <input type="checkbox"/> No	

I agree to notify the Town of Collbran of changes affecting my account status which would affect the ability to have payments automatically withdrawn (i.e. the account is closed) immediately. If a payment is not honored, or is returned by the financial institution, I agree the Town of Collbran may charge me a returned item fee of \$30.00. I understand that I have the right to stop my participation in the direct debit program up to one week before the due date shown on my bill. I understand the Town of Collbran and/or the financial institution indicated above reserve the right to end this payment plan and my participation therein.

I agree to allow the Town of Collbran to store my account information, for the sole purpose of making the indicated automatic payments. I release the Town from liability or damages resulting from the loss or theft of information. All information is encrypted and available only to those employees responsible for utility billing/collection functions.



**Direct Payment (Debit) Authorization**

I (we) hereby authorize **THE TOWN OF COLLRAN**, hereinafter called "Company", to initiate electronic debit entries and, if necessary, credit correction and adjustment entries to my(our) account at the financial institution listed below. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Financial Institution \_\_\_\_\_ Branch \_\_\_\_\_

Routing & Transit Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name on the account \_\_\_\_\_

Checking  Savings

Account Type \_\_\_\_\_

Amount of debit(s) or method of determining amount of debit(s) \_\_\_\_\_

**MONTHLY ON OR AROUND THE 25<sup>TH</sup> OF EVERY MONTH WITH THE AMOUNT EQUAL TO THE BALANCE OF THE TOWN OF COLLRAN WATER/SEWER BILLING MAILED ON OR AROUND THE 15<sup>TH</sup> OF EVERY MONTH**

Date(s) and/or frequency of debit(s) \_\_\_\_\_

This authority is to remain in full force and effect until "Company" has received written notification from the recipient of its termination. I (we) understand that "Company" requires at least 3 days prior notice in order to cancel this authorization.

Date \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

(Please attach a voided check to this form.)

