



The Town of Eagle

Box 609 • Eagle, Colorado 81631
(970) 328-6354 • Fax 328-5203

Meetings:
2nd and 4th Tuesdays

Authorization Agreement for Automated Payments (Debits)

I (we) authorize the Town of Eagle to institute debit entries to my (our)
Checking Savings (select one) indicated below and the depository
named below to debit same account.

This authority is to remain in full force and effective until the Town of Eagle
and depository has received written conformation from me (us) of its
termination in such time and in such manner as to afford the Town of Eagle
and depository a reasonable opportunity to act on it.

Name(s) _____

Street Address _____

Mailing Address _____

Phone Number _____

Town of Eagle Utility Account Number _____

Signed _____ Date _____

PLACE A VOIDED CHECK HERE