



## **AUTOMATIC MONTHLY ELECTRONIC FUNDS TRANSFER REQUEST**

I (we) hereby authorize the Town of Mountain Village to initiate a charge entry to my (our) checking account at the financial institution indicated below. This Authority will remain in effect until notified by me (us) in writing to cancel it in such time as to afford above mentioned entities and the Financial Institution a reasonable opportunity to act on it.

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Name of Financial Institution

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Location (City and State)

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Financial Institution's Routing/Transit Number

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Checking/Savings Account Number

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Customer Name(s) on Account

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Customer Telephone Number, Including Area Code

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**TOWN ACCOUNT NUMBER/CABLE/WATER-SEWER/OTHER ACCOUNT(S)**

Please enter ALL account numbers to be drafted.

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**CUSTOMER SIGNATURE / DATE**

Please fill out the form completely to avoid processing delays.  
Attach a copy of a VOIDED CHECK (no deposit slips) for checking or a deposit slip for savings.

**RETURN FORM TO:**      **Fax**    (970) 369-6459  
   **Email**    susanray@mntvillage.org  
   **Mail**    455 Mountain Village Blvd, Suite A  
                      Mountain Village, CO 81435

If you have questions, or need further assistance, please contact  
Susan Ray (970) 369-6408