



SNAKE RIVER WASTEWATER TREATMENT PLANT

970.668.4270 ph | 970.468.6393 f
www.SummitCountyCO.gov/snakeriver

4344 Swan Mountain Rd.
Dillon, CO 80435

AUTHORIZATION FOR ELECTRONIC WITHDRAWAL

DATE: _____

OWNER: _____

Snake River Account # _____

Street Address of Property: _____

Lot _____ Block _____ Subdivision _____

I authorize Summit County Treasurer's Office to electronically withdraw funds for my quarterly Snake River Sewer account balance payment, from the following financial institution:

PLEASE INCLUDE A VOIDED CHECK (or copy) to ensure the proper account is drafted.

Bank Name: _____

Bank Routing Number: _____

Account Number: _____

Signature: _____ Date: _____

Payments will be withdrawn on due date. (Due dates are February1, May1, August 1, and November1.)

Forms must be received 14 days prior to due date to be processed for that due date.

For questions, please call (970) 668-4270

Return authorization by mail, fax 970-468-6393 or email Karen.Bailey@SummitCountyCO.gov