



## AUTOMATIC DEBIT AUTHORIZATION (ACH PROGRAM)

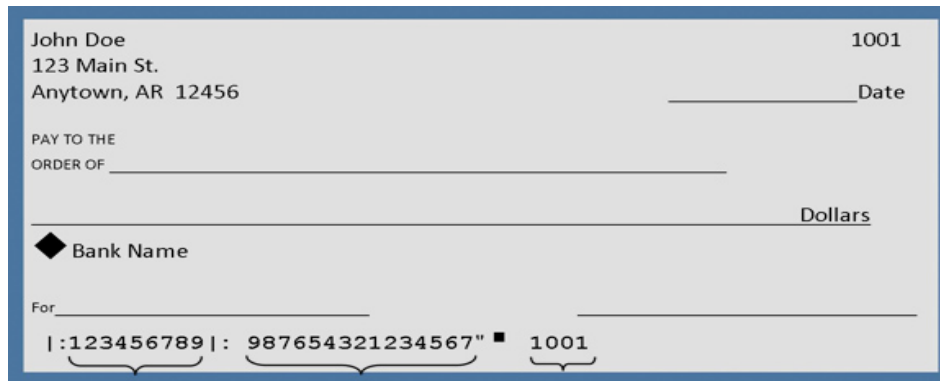
**Office:** 10 Tramway Loop NE Albuquerque NM 87122

**Mailing:** 20 Tramway Road NE Albuquerque NM 87122

- **Phone:** (505) 856-6419 ● **Email:** [customerservice@sandiapeak.com](mailto:customerservice@sandiapeak.com) ● **Secure Fax:** (505) 857-8968

By signing up for automatic debit (ACH program), you have chosen the free, easy and convenient way to pay your monthly Sandia Heights Services bill! Simply fill out the authorization information below, attach a voided check and submit your form via US mail, email at [customerservice@sandiapeak.com](mailto:customerservice@sandiapeak.com) or by secure fax at (505) 857-8968. Your payments will be automatically deducted from your checking account on the 5<sup>th</sup> of every month. No more checks, stamps, lost mail or delayed payments! You will continue to receive your monthly paper statement or you can sign up to view your bill online at [www.shs.viewmybill.net](http://www.shs.viewmybill.net).

|   |  |
|---|--|
| <b>Sandia Heights Services Account Number</b> |  |
| <b>Customer Name</b>                          |  |
| <b>Service Address</b>                        |  |
| <b>Mailing Address</b>                        |  |
| <b>Telephone Number</b>                       |  |
| <b>Financial Institution Name</b>             |  |
| <b>Bank Transit / ABA / Routing Number</b>    |  |
| <b>Checking Account Number</b>                |  |



|                  |                  |                |
|------------------|------------------|----------------|
| <b>ROUTING #</b> | <b>ACCOUNT #</b> | <b>CHECK #</b> |
|------------------|------------------|----------------|

As an authorized signor on the above noted account, I hereby grant permission for Sandia Heights Services to initiate debit entries to the checking account and depository named above. I understand that this authority will remain in effect until a written termination request is submitted to Sandia Heights Services and will afford Sandia Heights Services a reasonable opportunity to act on it. I also understand a \$26.56 service fee will be applied to my SHS account for any rejected/returned auto draft payment(s).

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date