



**EAGLE RIVER  
WATER & SANITATION DISTRICT**

846 Forest Road \* Vail, Colorado 81657

**Eagle River Water & Sanitation District  
Customer and Metering Services Department**

Email: [customerservice@erwsd.org](mailto:customerservice@erwsd.org)

Phone: (970) 477-5451 Fax: (970) 476-8357

**Note: A voided check must be provided for checking account auto-pay**

**ERWSD CUSTOMER/ACCOUNT # \_\_\_\_\_**

***Change of Address/Additional Information***

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

***Automatic Monthly Debit from Checking or Savings:***

I authorize ERWSD to instruct my financial institution to debit my monthly utility payments from the account listed below. This authority will remain in effect until I give written notice to ERWSD.

Account Type:     Checking     Savings

Institution Name: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

Signature: \_\_\_\_\_

***Pay by Credit Card:***

Circle One:    VISA    MC    AMEX    DISC

Cardholder Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_ (mm/yyyy)

Security Code: \_\_\_\_\_ (3 digits)

This Month Only    OR     Monthly

Signature: \_\_\_\_\_

Please attach a voided check or a savings deposit slip to complete Enrollment.