



Dear Customer:

Thank you for your request to sign up for our automatic bank draft service to pay your water/sewer bills. Please fill out and sign the enclosed application form and return it to us at **7404 Yorkshire Drive, Castle Pines, CO 80108**.

Do not send completed forms to the payment remittance address (P.O. Box).

It can take up to two billing cycles to process your request; therefore, until you receive a bill that states your payment has been made via automatic bank draft, you will need to continue to make payment by standard means, i.e., check, money order, cash, etc.

Please feel free to contact us if you have any questions or concerns.

CASTLE PINES NORTH METROPOLITAN DISTRICT



AUTOMATIC PAYMENT AUTHORIZATION

YES! I'd like the convenience of automatic bank draft (ACH) bill payment.



I hereby authorize Castle Pines North Metropolitan District ("District") to effect payment of any amounts owed by me to District as amounts become due by initiating debit entries to my account at the bank ("Bank") indicated below. I hereby authorize Bank to accept any debit entries initiated by District and to debit the same to my account without liability for the correctness of the entries:

CUSTOMER NAME(S): _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

CUSTOMER WATER/SEWER ACCOUNT NUMBER: _____ (If you have multiple accounts, please use a separate form for each account. This form may be copied or you may contact the District for additional forms.)

BANK NAME: _____

BANK ROUTING/TRANSIT NUMBER: _____

BANK ACCOUNT NUMBER: _____

This authorization shall remain in effect until both Castle Pines North Metropolitan District and Bank have received WRITTEN notification from the undersigned to terminate this agreement.

Signature: _____ Date: _____

PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM. NO DEPOSIT SLIPS, PLEASE.

**Castle Pines North Metropolitan District
7404 Yorkshire Drive
Castle Rock, CO 80108
303-688-8550
E-mail: patty@cpnmd.org**