

CASTLE PINES NORTH



METROPOLITAN DISTRICT

AUTOMATIC WATER BILL PAYMENT AUTHORIZATION FORM

YES! I want the convenience of making automatic bank draft (ACH) payments. I hereby authorize Castle Pines North Metropolitan District ("CPNMD") to initiate debit entries for my monthly water, wastewater, and stormwater utility bill from my account at the bank indicated below. I hereby authorize the bank to accept debit entries CPNMD initiates and to debit same to my account without liability for the correctness of the entries:

Customer Name(s): _____

Service Address: _____

City/ State/ Zip: _____

Phone(s): _____

CPNMD Customer Water/Wastewater Account Number(s): _____

(If you have multiple accounts, please use a separate form for each account. You may copy this form or contact Susan Nagel or Carol Schumacher for additional forms.)

Bank Name: _____

Bank Routing / Transit Number: _____

Bank Account Number: _____

This authorization shall remain in effect until the undersigned notifies **both** Castle Pines North Metro District and the bank, **in writing**, of bank-draft termination.

Signature: _____ Date: _____

Please include a voided check (no deposit slips) with this form.