

# BUFFALO MOUNTAIN METROPOLITAN DISTRICT

P.O. Box 2430  
106 Adams Avenue  
Silverthorne, CO 80498-2430  
(970) 513-1300, FAX (970) 513-1301  
[WWW.BMMD.ORG](http://WWW.BMMD.ORG)

## Authorization Agreement for Direct Payments (ACH Debits) Quarterly Water/Sewer Payments

I (we) hereby authorize the Buffalo Mountain Metropolitan District, hereinafter called BMMD, to initiate debit entries to my (our) Checking/Savings Account indicated below at the financial institution named below (Financial Institution). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law. BMMD Tax ID#: 84-0919016

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address of Financial Institution

\_\_\_\_\_  
City

\_\_\_\_\_  
State, Zip

Financial Institution Routing Number: \_\_\_\_\_

Checking or Savings Account Number: \_\_\_\_\_  
(Circle either Checking or Savings)

**Debit the water/sewer balance owed on a quarterly basis.** - *Quarterly debits will be processed on January 15<sup>th</sup>, April 15<sup>th</sup>, July 15<sup>th</sup>, and October 15<sup>th</sup>.*

Wilderness Property Address: \_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until I (we) notify BMMD in writing that I (we) wish to revoke this authorization. I (we) understand that BMMD requires at least 3 days prior notice in order to cancel this authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name – Please Print

\_\_\_\_\_  
Phone

Return this fully completed & signed form to: [shellie@bmmmd.org](mailto:shellie@bmmmd.org), or mail to BMMD at PO Box 2430, Silverthorne, CO 80498, or fax to (970) 513-1301. You will be contacted by BMMD when form is received.