

Paint Brush Hills Metropolitan District
Direct Payment Automatic Bill Payment
AUTHORIZATION FORM

PBHMD Account #: _____

Name(s) on Account: _____

Service Address: _____, Falcon, CO 80831

I (we) authorize the Paint Brush Hills Metropolitan District (PBHMD) to initiate variable entries to my (our) account described below:

Checking Account #: _____ OR

Savings Account #: _____

Financial Institution's Name: _____

Financial Institution's Address: _____

PLEASE ATTACH a voided check or savings deposit slip (affix to the backside of this form) AND copy the financial institution's routing number here: _____

(NOTE: Routing number is found between these symbols: ⑆ _____ ⑆ on bottom of check or savings deposit bank slip.)

This authority is to remain in full force and effect until the PBHMD has received written notification from me (or either of us, for a joint account) of its termination in such time and in such manner as to afford the PBHMD a reasonable opportunity to act on it.

Signature(s): _____

Full Name(s): _____

Mailing Address: _____

Telephone(s): _____ (home) _____ (work)

_____ (mobile)

Date: _____

NOTE: In the event the payee's financial institution for any reason denies an electronic payment, a non-refundable service charge of \$25.00 will be assessed per occurrence.

For Office Use Only: set up in billing software on _____ by _____