

# AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

## EVERGREEN METROPOLITAN DISTRICT

I (we) hereby authorize Evergreen Metropolitan District, hereinafter called COMPANY, to initiate debit entries to my (our) checking or savings account indicated below at the depository financial institution named below, hereinafter call BANK, and to debit the same to such account. I (we) acknowledge that the origination of automatic payment (ACH) transactions to my (our) account must comply with the provisions of the U.S. law. Please note you must allow thirty (30) days for your initial automatic payment to begin and/or thirty (30) days for any changes to your ACH information to take effect.

**BANK**  
**NAME** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_

**Please select account:**

**CHECKING** \_\_\_\_\_ **OR** **SAVINGS** \_\_\_\_\_

**ROUTING NUMBER** \_\_\_\_\_

**ACCOUNT NUMBER** \_\_\_\_\_

**(Please attach a voided check)**

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

**NAME(s)** \_\_\_\_\_ / \_\_\_\_\_

**Please Print**

**SIGNATURE(s)** \_\_\_\_\_ / \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **DATE** \_\_\_\_\_

Please list below all water/sewer account numbers and physical addresses that you wish to utilize this authorization for:

**ACCOUNT NUMBER**

**PHYSICAL ADDRESS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE RETURN VIA:**

**FAX: (303) 674-7267**

**MAIL: 30920 Stagecoach Boulevard Evergreen, CO 80439**

**EMAIL: [recept@evergreenmetrodistrict.com](mailto:recept@evergreenmetrodistrict.com)**