Automatic Payment Agreement Form

Authorization Agreement

I hereby authorize **Winter Park Water & Sanitation District** to initiate automatic payments to my account at the financial institution named below. I also authorize **Winter Park Water & Sanitation District** to make deposits/withdrawals from this account in the event that an entry is made in error.

Further, I agree not to hold **Winter Park Water & Sanitation District** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Winter Park Water & Sanitation District** receives a written notice of cancellation from me or my financial institution, or until I submit a new authorization form to **Winter Park Water & Sanitation District.**

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking ☐ Savings ☐

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Please attach a voided check or deposit slip and return this form to:
Winter Park Water & Sanitation District
Attn: Joanne Donald
PO Box 7, Winter Park, CO 80482

Attach Voided Check Here

For Office Use Only

Received By:_____ Date:_____ Effective Date:_____

Notes: