

# CASTLE PINES NORTH

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## 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 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.***