

CASTLE PINES

NORTH
METROPOLITAN DISTRICT

AUTOMATIC PAYMENT AUTHORIZATION

YES! I'd like the convenience of automatic bank draft (ACH) bill payment.

I hereby authorize Castle Pines North Metropolitan District ("District") to effect payment of any amounts owed by me to District as amounts become due by initiating debit entries to my account at the bank ("Bank") indicated below. I hereby authorize Bank to accept any debit entries initiated by District and to debit the same to my account without liability for the correctness of the entries:

CUSTOMER NAME(S): _____

ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

CUSTOMER WATER/SEWER ACCOUNT NUMBER: _____ (If you have multiple accounts, please use a separate form for each account. This form may be copied or you may contact the District for additional forms.)

BANK NAME: _____

BANK ROUTING/TRANSIT NUMBER: _____

BANK ACCOUNT NUMBER: _____

This authorization shall remain in effect until both Castle Pines North Metropolitan District and Bank have received WRITTEN notification from the undersigned to terminate this agreement.

Signature: _____ Date: _____

PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM. NO DEPOSIT SLIPS, PLEASE.

Castle Pines North Metropolitan District
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Castle Rock, CO 80108
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