

COLORADO CITY METROPOLITAN DISTRICT
4497 Bent Brothers Blvd.
P.O. Box 20229
Colorado City, CO 81019

WATER & SEWER DIRECT PAYMENT PLAN

We are pleased to offer you a new service – the Direct Payment Plan. Now you can have your water/sewer payment made automatically from your checking or savings account.

The Direct Payment Plan will help you in several ways:

- Saves time and money – fewer checks to write, less postage
- Payment is always on time, even if you are on vacation or out of town, which helps maintain good credit
- Easy to sign up for, easy to cancel and no penalty charges for late payments

Here's how the Direct Payment Plan works: You authorize regularly scheduled payments to be made from your checking or savings account

monthly. You will continue to be sent your monthly water/sewer statement. Your payment will be made automatically from your checking or savings account on the 15th of each month. Proof of payment will appear on your bank statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

The Direct Payment Plan is dependable, convenient and easy. To take advantage of this service, complete the authorization form below and return it to the Colorado City Metro District Office, P.O. Box 20229, Colorado City, CO 81019. Please complete a separate form for each account. If you have any questions, please call 719-676-3396. **We must receive this form two weeks prior to the auto pay date to have Direct Payment be effective for current month's water/sewer bill.**

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the Colorado City Metro District and the financial institution named below to deduct the amount of my monthly water/sewer bill from my checking/savings account. This authority will remain in effect until I notify the CCMD Administration Office in writing to cancel it. I will also notify them if I wish to change banks, at which time I will complete another authorization form.

Service Address _____
Account No. _____ Effective Date _____

CUSTOMER INFORMATION:

NAME _____
BILLING/MAILING ADDRESS _____
CITY/STATE/ZIP _____
DAYTIME PHONE NUMBER _____

I am the **owner / renter** of the above service address. (Please circle one)

SIGNATURE _____ DATE _____

BANK INFORMATION:

NAME OF BANK _____
ROUTING NUMBER _____ ACCOUNT NUMBER _____
CHECKING SAVINGS

******PLEASE SUBMIT VOIDED CHECK WITH AUTHORIZATION FORM******

FOR OFFICE USE ONLY:

Date received: _____ Prenotification done: _____

Other: _____