

Colorado Centre Metropolitan District
4770 Horizonview Drive, Colorado Springs, Co

ACH Bank Draft Payment Sign-Up Form
Please attach VOIDED check

Customer Information

Name: _____

Address: _____

E-mail Address: _____

Phone Number: _____

Financial Institution Information

Bank Name: _____

Bank Routing Number: _____

Name on Account: _____

Checking Account Savings Account

Account Number: _____

I certify that the information above is correct, that I am authorized signer or designate on the account provider for ACH transactions, and that I am authorized to provide this information.

I authorize Colorado Centre Metropolitan District to deduct my utility payments from this bank account via Electronic Funds Transfer which occurs on the 16th of each month. I understand sending a written notification to Colorado Centre Metropolitan District will revoke this authorization.

Colorado Centre Metropolitan District reserves the right to cancel Electronic Fund Transfers due to insufficient funds without notice and charge a fee for insufficient funds.

Printed Authorized Name

Authorized Signature

Date