



*Colorado Centre Metropolitan District*  
4770 Horizonview Drive, Colorado Springs, Colorado 80925  
Telephone: 719-390-7000 ; Facsimile: 719-390-3709  
E-mail: [cocemedi@earthlink.net](mailto:cocemedi@earthlink.net) Web: [www.coloradocentre.org](http://www.coloradocentre.org)

## **IMPORTANT NOTICE!!!**

**EFFECTIVE SEPTEMBER 25, 2013 CCMD WILL NO LONGER BE  
PROCESSING CREDIT/DEBIT CARD PAYMENTS  
IN THE CCMD BUSINESS OFFICE.**

WE ARE IN THE PROCESS OF ADDING AN INTERFACE TO THE COLORADOCENTRE.ORG WEBSITE WHICH WILL ALLOW OUR CUSTOMERS TO ACCESS, MANAGE AND PAY THEIR UTILITY ACCOUNTS ON-LINE. ONCE THIS FEATURE IS INTEGRATED, CUSTOMERS WILL HAVE THE ABILITY TO PROCESS THEIR CREDIT AND DEBIT CARD PAYMENTS ON-LINE (THERE WILL BE A CONVENIENCE FEE FOR CREDIT/DEBIT CARD PAYMENTS). THIS INTERFACE WILL ALSO ALLOW CUSTOMERS TO UTILIZE A RECURRING ELECTRONIC PAYMENT FEATURE WHICH WILL AUTOMATICALLY WITHDRAW INVOICED AMOUNTS ON A MONTHLY BASIS FROM THEIR CHECKING ACCOUNT. A NOTICE WILL BE SENT WHEN THE INTERFACE IS IN PLACE.

CUSTOMER SERVICE WILL CONTINUE AS USUAL AND CUSTOMERS CAN ALSO MAKE PAYMENTS BY CHECK, CASH, OR MONEY ORDER IN OUR OFFICE, THROUGH THEIR BANK AND BY PLACING CHECKS OR MONEY ORDERS IN THE OUTSIDE DROP BOX. WHEN THE INTERFACE IS COMPLETE, YOU WILL HAVE THE OPTION TO RECEIVE YOUR INVOICE BY E-MAIL OR MAIL (NOT BOTH).

**AS STATED ABOVE NOTICE WILL  
BE GIVEN WHEN ONLINE  
ACCESS IS AVAILABLE.**

**THANK YOU!**



**Colorado Centre Metropolitan District**  
4770 Horizonview Drive, Colorado Springs, Colorado 80925  
Telephone: 719-390-7000 ; Facsimile: 719-390-3709  
E-mail: [cocemedi@earthlink.net](mailto:cocemedi@earthlink.net) Web: [www.coloradocentre.org](http://www.coloradocentre.org)  
Form: 20100413

**Today's Date:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Applicant's Mailing Address:** \_\_\_\_\_

**Applicant's Home Telephone:** \_\_\_\_\_

**Applicant's Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Applicant's Mobile Telephone:** \_\_\_\_\_

**Applicant's E-mail Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**PLEASE UPDATE YOUR CUSTOMER INFORMATION WITH THE DISTRICT AND RETURN TO OUR OFFICE. THANK YOU FOR YOUR ATTENTION TO THIS MATTER.**

**FOR FUTURE BILLING CHOICES PLEASE CHECK YOUR PREFERENCE:**

- RECEIVE PAPER INVOICE BY MAIL**
- RECEIVE INVOICE BY E-MAIL**

---

**SIGNATURE**