

Colorado Centre Metropolitan District
4770 Horizonview Dr., Colorado Springs, CO 80925

ACH Bank Draft Payments Sign-Up Form

CUSTOMER INFORMATION

Name: _____

E-mail Address: _____

Phone No: _____

Service Address: _____

FINANCIAL INSTITUTION INFORMATION

Bank Name: _____

Bank Routing/Transit No: _____

Name on Account: _____

Account Type (check one): CHECKING SAVINGS

Account No: _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided 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 Fund Transfer on or around the 15th of each month. I understand sending a written notification to Colorado Centre Metropolitan District will revoke this authorization.

I acknowledge and agree that: (a) payments made through the ACH processing system that are returned for any reason are subject to a \$50.00 returned item fee which will need to be paid along with the returned item with check or cash or via CCMD's online payment portal; payment will need to be received no later than the 25th of the month to avoid a late fee and no later than the last day of the month to avoid disconnection. (b) all transactions are governed by the Rules and Regulations of CCMD as these may be amended from time to time; and (c) all payments are applied first to all outstanding amounts owed, including penalties, connect/disconnect fees, and others, before crediting the water usage account.

Colorado Centre Metropolitan District reserves the right to cancel Electronic Fund Transfers due to any reason Colorado Centre Metropolitan District deems necessary without notice.

Print Authorized Name

Authorized Signature

Date