HIGHLANDS RANCH Metro District

CENTENNIAL WATER AND SANITATION DISTRICT

Water Bill Autopay Authorization

I hereby authorize the Highlands Ranch Metro District to initiate debit entries by electronic means to my account at _____bank. This authorization shall remain in effect until both the Highlands Ranch Metro District and the bank have received written notification from the undersigned to terminate this agreement.

NAME: _____

HRMD ACCOUNT #: _____

SERVICE ADDRESS: _____

PHONE NUMBER: _____

Bank Routing number

Checking Account number

Signature: _____ **Date**: _____

Please be sure to include an original voided check with this form

Chris Maple 1234
234 Main Street
Anyplace, CO 90000 _____20____

Pay to the order _____ $ _____

_____ DOLLARS

ANYPLACE BANK
Anyplace, CO 90000

Memo _____ _____

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*NOTE: May be in different places on your check.