Willowbrook Water & Sanitation District

Authorization for Automatic Payment Withdrawal

I (we) hereby authorize and request Willowbrook Water and Sanitation District ("District") to effect payment of any amounts owed by me to District as amounts become due by initiating debit entries to my account at the Bank indicated below ("Bank"). I hereby authorize and request Bank to accept any debit entries initiated by District and to debit the same to my account without liability for the correctness of the entries.

Customer's Bank Information		
Transaction Date: 25 th of the month in which	Dollar Amount: Varies with water	
payment is due	consumption	
Bank Name		
Bank Address		
City, State, Zip Code	Customer's Bank Account Number	
Transit/ABA Number	Checking Savings	
	Please indicate which account.	

If an erroneous debit is made to my account I authorize District and Bank to stop payment, reverse the entry or make any adjustments necessary to my account to correct the erroneous entry. I also understand that I will receive a copy of my utility bill stating the charges owed. It is understood and agreed that I may terminate this agreement at any time upon three business days prior written notice to District or Bank. Notification to District or Bank shall be effective upon receipt.

Please note that your account <u>will not</u> be debited for bills sent prior to setting up your automatic payment withdrawal and that payment will need to be made by other means.

Willowbrook Water and Sanitation District Customer Information			
Name(s) on Account		District Account Number	
Billing Address		Service Addre	ess
Billing City, State, Zip Code		Service City, S	State, Zip Code
Telephone Number	Date		Signature (required)
			L

Attach Voided Check (Do Not Send A Deposit Slip) Here

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