



Automatic Payment Agreement Form

District Account #0000_ _ _ _

Authorization Agreement

I hereby authorize **Grand County Water and Sanitation District** to initiate automatic payments to my account at the financial institution named below. I also authorize **Grand County Water and Sanitation District** to make deposits/withdrawals from this account in the event that an entry is made in error.

Further, I agree not to hold **Grand County Water and Sanitation District** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Grand County Water and Sanitation District** receives a written notice of cancellation from me or my financial institution, or until I submit a new authorization form to **Grand County Water and Sanitation District**.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

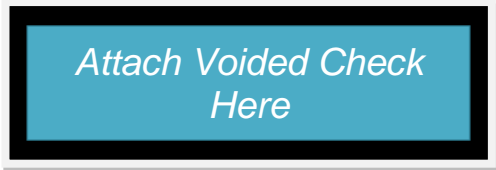
Savings

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

**Please attach a voided check and return this form to:
Grand County Water and Sanitation District
P.O. Box 3077, Winter Park, CO 80482**



For Office Use Only

Received By: _____ Date: _____ Effective Date: _____

Notes: