Automatic Payments Authorization Agreement

East Larimer County Water District

Property Address: _____

ELCO Account #: _____

Financial Institution Name: _____

Bank Account Number: _____

Routing Number: _____

I (we) hereby request and authorize East Larimer County Water District (ELCO) to make monthly withdrawals of funds from my (our) ___Checking ___ Savings account (select one) for the payment of water service to the property described below. The financial institution named below will debit the same to this account.

This authority shall remain in full force and effect until ELCO and the financial institution receive written notification from me (or either of us) of its termination at least thirty (30) days prior to the next billing date in order to afford ELCO and the financial institution a reasonable opportunity to act on such request. In the event I (we) fail to give such written notice to ELCO within the required period of time, such failure may result in a late payment to ELCO and I (we) may incur late payment delinquency in connection therewith if payment is not received on the due date. ELCO may terminate the automatic withdrawal immediately in the event any withdrawal is dishonored by the financial institution. ELCO shall incur no liability as a result of a withdrawal being dishonored by the financial institution.

Account Balance will draft on the 10th of each month

_____	_____	_____
Name (Please Print)	Signature	Date
_____	_____	_____
Name (Please Print)	Signature	Date

Attach Voided Check Here

Deposit slips are not accepted.

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