



Automatic Payment Authorization Agreement

Account Information

(Please Print)

Property Address:			
ELCO Account #:			

Financial Institution Information

(Please Print)

Financial Institution:			
Bank Account #:		Routing #:	

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.

<i>Name (Please Print)</i>	<i>Signature</i>	<i>Date (mm/dd/yy)</i>

<i>Name (Please Print)</i>	<i>Signature</i>	<i>Date (mm/dd/yy)</i>

Account Balance will draft on the 10th of each month.

Please return this agreement with a **VOIDED CHECK** from your financial institution.
Deposit slips are not accepted.