



ACH AUTHORIZATION FORM

Please complete this form to authorize automatic electronic payments (ACH) for your utility account. Payments will be deducted from your bank account on the due date of your bill.

Please return completed/signed application to: admin@steamboat2metro.com

Customer Information

Steamboat II Account Number:

Customer Name:

Service Address:

Mailing Address:

Phone:

Email:

Bank Account Information

Bank Name:

Routing Number:

Account Number:

Account Type (Checking/Savings):

Name on Account:

I (we) hereby authorize Steamboat II Metropolitan District to initiate debit entries to my (our) account indicated above and the financial institution named above to debit the same. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization will remain in effect until I (we) notify Steamboat II Metropolitan District in writing to cancel it in such time as to afford the District and the financial institution a reasonable opportunity to act on it.

Authorized Signature:

Date:

Printed Name: