

Allenspark Water & Sanitation District

Recurring Payment Authorization Form

The Allenspark Water & Sanitation District is now able to process your monthly water payment on your behalf. If you would like to have your bank or credit card automatically charged for the amount due on your account, please complete and return this form to P.O. Box 91, Allenspark, CO 80510. *All requested information is required* and incomplete forms will be returned for completion or clarification of illegible content. Your account must be current before we will begin processing regular monthly payments. You may cancel your automatic billing authorization at any time by emailing jen.apwater@gmail.com.

Customer Information

Customer/Company _____

Physical address of property in Allenspark _____

Mailing address _____

Email address _____

Phone Number _____

Payment Information & Terms

I authorize the Allenspark Water & Sanitation District to automatically withdraw the full amount of my monthly water bill – *including ALL fees related to excess water usage/leaks, credit card and payment processing, meter and curbstop work, and other miscellaneous charges related to providing water service to my account.* NOTE: If there are insufficient funds in the account to cover the amount owed, the customer will be charged for all resulting fees.

I authorize the full monthly amount of my bill to be drawn on the _____ day (*must be between the 8th and the 24th*) of each month, starting (*Month/Year*) _____ on the account listed below, and will continue until I request a stop or until service is no longer required due to sale of property.

****Please *only* fill out the information corresponding your chosen method of payment.****

Bank Withdrawal (no charge)

Name of Bank _____

Name of person on the Account _____

Account Number _____

Routing Number _____

Customer's signature _____

Date _____

Credit/Debit Card (~3.5% + \$.025 fee)

Cardholder name (as shown on card) _____

Card number _____

Billing ZIP Code (from credit card billing address) _____

Expiration Date _____ / _____ CVV/3-Digit Security Code _____

Customer's signature _____

Date _____