

Castle Pines Metropolitan District
5880 Country Club Drive, Castle Rock, CO 80108

AUTOMATIC PAYMENT AUTHORIZATION

I hereby authorize and request Castle Pines Metropolitan District ("District") to effect payment of any amounts owed by me to District as amounts become due by initiating debit entries to my account at the Bank indicated below ("Bank"). I hereby authorize and request Bank to accept any debit entries initiated by District and to debit the same to my account without liability for the correctness of the entries:

Customer Name(s) _____

Address _____

City/State/Zip _____ Phone # _____

District Account number

Or House number

*(If you have multiple accounts, please use a separate form for each account.
This form may be copied or you may contact the District for additional forms.)*

PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM

Bank Name _____

Bank Routing/Transit number

Bank Account number

(See example of check on reverse side)

It is understood and agreed that I may terminate this agreement at any time upon ten business days prior written notice to the District. Notification to District shall be effective upon receipt.

Signature _____ Date _____

If an erroneous debit is made to my account, I authorize District and Bank to stop payment, reverse the entry or make any adjustment necessary to my account to correct the erroneous entry.