AUTOMATIC PAYMENT REQUEST SET-UP FORM AND AUTHORIZATION



I (we) authorize and direct the Alpine Mountain Ranch Metropolitan District to withdraw funds for water user fees on a monthly basis, on the last business day of each month for the current month's water billing (Autopay):

BY: Name:		Lot #:	
Site Address:			
(Property owners that previou		t up with the District for the quarterly flat rate b tion do not need to fill in this portion)	illing
Bank Name & Address:			
Routing Number:			
Account Number:			
Account Type:	Checking	Savings	
These accounts remain subject	et to their individual term	s and conditions, which are not modified by this	2

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. You may terminate this authorization at any time by notifying the Metro District office.

Originator Signature

Date Signed