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Automatic Payment Agreement Form

Authorization Agreement

I hereby authorize **Tabernash Meadows Water and Sanitation District** to initiate automatic payments to my account at the financial institution named below. I also authorize **Tabernash Water and Sanitation District** to make deposits/withdrawals from this account in the event that an entry is made in error.

Further, I agree not to hold **Tabernash Meadows Water and Sanitation District** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Tabernash Meadows Water and Sanitation District** receives a written notice of cancellation from me or my financial institution, or until I submit a new authorization form to **Tabernash Meadows Water and Sanitation District**.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

*Attach Voided Check
Here*

Please attach a voided check and return this form to _____.