



# WOODMOOR

Water & Sanitation District No. 1

P. O. Box 1407 • Monument, Colorado 80132  
Phone (719) 488-2525 • Fax (719) 488-2530

## **AUTHORIZATION FOR PREAUTHORIZED PAYMENTS**

I/WE AUTHORIZE WOODMOOR WATER AND SANITATION TO INITIATE DEBIT ENTRIES TO MY/OUR ACCOUNT AT \_\_\_\_\_, FOR THE PURPOSE OF ACCOMPLISHING THE FOLLOWING PREAUTHORIZED PAYMENTS.  
(BANK NAME)

EFFECTIVE DATE \_\_\_\_\_ 20<sup>TH</sup>, 20\_\_\_\_\_

\_\_\_\_\_ NEW AUTHORIZATION      \_\_\_\_\_ AMEND PREVIOUS AUTHORIZATION

BANK NAME & ADDRESS \_\_\_\_\_

BANK PHONE # \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS

BANK ACCOUNT # \_\_\_\_\_ ROUTING # \_\_\_\_\_

### **\*\*\*PLEASE ATTACH VOIDED CHECK\*\*\***

You will still receive a monthly bill with the varied amount to be deducted.

NAME/NAMES \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

WOODMOOR ACCOUNT # \_\_\_\_\_

I/WE UNDERSTAND THAT THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL WOODMOOR WATER AND SANITATION HAS RECEIVED WRITTEN NOTIFICATION FROM ME (OR EITHER OF US) OF ITS TERMINATION 10 DAYS BEFORE THE NEXT TRANSACTION IS TO TAKE PLACE.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(DATE)