



TRIVIEW METROPOLITAN DISTRICT

174 N. Washington Street Suite C
P.O. Box 849
Monument, CO 80132-0849
(719) 488-6868 Fax: (719) 488-6565

Account #: _____

Date: _____

Dear Customer:

Welcome to Triview Metropolitan District's Automatic Payment program. Please read the following information to enroll in the program. Once you have read this letter, please sign that you understand the terms and fill out the attached application form. The terms are as follows:

1. At the beginning of each month, you will receive your water and sanitation bill as usual. Please make note of this bill, as this is the amount that will be withdrawn from your designated checking account.
2. On the 20th of each month (or the closest business/banking day following the 20th), Triview Metropolitan District will withdraw the amount on your bill from your designated bank account.
3. If you are on vacation or otherwise out of town, this withdrawal will still take place, unless we receive written notification no later than the 9th of the month that you do not wish an automatic withdrawal. Other payment arrangements must then be made prior to the due date to avoid late fees.
4. If at the time of the withdrawal the full funds are not available, you will receive a notice from Triview Metropolitan District that we could not withdraw the funds. As with all returned checks, there will be a \$20.00 service charge and you will then be asked to mail or bring the funds (including the \$20.00 service fee) in the form of a cashier's check to Triview's office no later than the 25th of the month. If we do not receive the appropriate funds by then a late penalty will be applied to your account. If your automatic withdrawal is rejected for insufficient funds two times, Triview will terminate this agreement and future payments must be made directly by you to Triview or the authorized representative at their office.
5. If you decide to terminate this program, please notify Triview Metropolitan District in writing no later than the 9th of the month that you wish to stop the withdrawals. You may terminate withdrawal at any time; however, to re-enroll you will need to fill out another application.

BY SIGNING THIS LETTER AND THE ATTACHED APPLICATION, I (WE) HEREBY AGREE TO THE TERMS AS STATED ABOVE.

APPLICANT 1 SIGNATURE

DATE

APPLICANT 2 SIGNATURE

DATE

AUTHORIZATION FOR AUTOMATIC WITHDRAWAL PAYMENTS

I/We authorize the Triview Metropolitan District to initiate debit entries to my/our account at the depository (identified below), for the purpose of paying water and sanitation bills:

TRIVIEW METROPOLITAN DISTRICT

Amount: The amount may vary. I/we understand that if at the time of the transfer (on or close to the 20th of each month), the full funds are not available, I/we will receive notification from Triview or their representatives that Triview could not transfer the funds and that an additional \$20.00 service charge will be levied against my account. I/we will then mail or bring the funds (including the \$20.00 service charge) in the form of a cashier's check to Triview Metropolitan District's office no later than the 25th of the month to avoid a 5% late charge.

I/we understand that this transfer will occur monthly.

Depository Name: _____

Branch: _____ Phone: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ ***(ATTACH A VOIDED CHECK)***

Account Number: _____

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization.

I/We understand that this authorization will remain in full force and effect until Triview Metropolitan District has received written notification from me/us (or either of us) of its termination in such time and opportunity to act on it. (Usually no later than the 9th of the month).

Names: (print or type) _____

Address: _____
(If same as the check, write "same" in this space above) Phone Number _____



APPLICANT 1 SIGNATURE

DATE

APPLICANT 2 SIGNATURE

DATE