ACADEMY WATER AND SANITATION DISTRICT

1755 Spring Valley Dr, Colorado Springs, CO 80921

Billing: 719-481-0711 FAX: 719-481-0722

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACCOUNT #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROPERTY ADDRESS: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Customer;

Welcome to Academy Water and Sanitation’s (the 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 Please make note of this bill, as this is the amount that will be withdrawn from your designated checking account.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 15th of each month the 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 5th 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 the District that we could not withdraw the funds. There will be a $40 service charge and you will be required to mail the funds (including the $40 service fee) in the form of a cashier’s check, money order or cash in the exact amount to the District address within 2 working days after notification. If your automatic withdrawal is rejected for insufficient funds two times, the District will terminate this agreement and future payments must be made by mail.
5. If you decide to terminate this program, please notifiy the District in writing no later than the 5th of the month that you wish to stop 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, (WE) HEREBY AGREE TO THE TERMS AS STATED ABOVE. (joint accounts require both signatures)

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACADEMY WATER AND SANITATION DISTRICT

AUTHORIZATION FOR AUTOMATIC WITHDRAWAL PAYMENTS

I/we authorize the Academy Water and Sanitation District (the District) to initiate debit entries to my/our account at the depository identified below for the purpose of paying water and sanitation bills

Amount: The amount of payment may vary. I/we understand that if at the time of transfer of funds (on or close to the 15th of each month), the full funds are not available we will receive notification from the District that the funds could not be transferred. In that case a non-sufficient fund (NSF) service charge of $40, along with a 5% late fee based on the current balance will be levied against my/our account. I/we will agree to mail the funds to the District address in the form of a cashier’s check, money order or cash-exact amount within 2 working days after notification.

I/We understand that this transfer will occur monthly.

DEPOSITORY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BRANCH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATTACH A VOIDED CHECK, NOT DEPOSIT SLIP

ACCOUNT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My/Our account will remain subject to the original terms and conditions, which are not modified by this authorization. Both signatures are required on joint accounts.

I/We understand that this authorization will remain in full force and effect until the District has received written notification from me/us (or either of us) of its termination in such time and manner as to afford the District and the depository agency a reasonable opportunity to act on it (usually no later than the 5th of the month).

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail this application to the District Accountants:

Hoover & Associates, Inc., 4045 South Nonchalant Circle, Colorado Springs, CO 80917-2910