

Automatic Payment Authorization Form

We are pleased to offer our customers the **Automatic Payment Plan**. Our Automatic Payment Plan is an easy and convenient way to make your monthly payments to Animas Water Company by having your payment deducted directly from your checking or savings account. Using our Automatic Payment Plan will help you in several ways:

- ❑ It will save you time – fewer checks to write and mail.
- ❑ You can stop worrying about your payment being lost or delayed in the mail.
- ❑ Your payment will always be made on time, even when you are out of town.
- ❑ No late payment penalties.

To enroll in the Automatic Payment Plan, please complete the following information and return to:

ANIMAS WATER COMPANY
P.O. BOX 1012
DURANGO CO 81302

YES! Please put my Animas Water Company monthly payment on the "Automatic Payment Plan"

Customer Name (Please Print): _____

Phone #: _____

Animas Water Company Account #: _____

Billing Address: _____

Email Address: _____

I authorize Animas Water Company to charge my monthly payment to my bank account number listed below. I understand the funds will be withdrawn on the 15th day each month or first business day thereafter, and it is my responsibility to ensure sufficient funds are in my account at that time.

I understand that if my payment amount due to Animas Water Company changes on a monthly basis, I will receive notice of the change from Animas Water Company in the form of my monthly statement. **I authorize Animas Water Company to withdraw the new amount due on the 15th day of the month.**

This authority will remain in effect until I instruct Animas Water Company to cancel or change it. Future changes or cancellations must be in writing and must be received by Animas Water Company by the 1st of the effective month. I also understand that if my payment is returned for "Not Sufficient Funds", Animas Water Company will immediately discontinue this service and I may be charged a "\$25.00 Non Sufficient Funds" fee. I acknowledge that the origination for ACH transaction to my account must comply with the provisions of the U.S. Law.

Financial Institution Name (Please Print): _____

Routing Number of Financial Institution: _____

Account Number at Financial Institution: _____

Account Type to be debited: Checking Savings

Financial Institution Address: _____

Financial Institution location, City & State: _____

PLEASE ATTACH A VOIDED CHECK FROM THE ACCOUNT TO BE DEBITED FOR YOUR MONTHLY PAYMENT

Signature: _____ Date: _____