

Skyland Metropolitan District

350 Country Club Drive, Suite 112A
Crested Butte, CO 81224

Phone: (970) 349-7411

Fax: (970) 349-5054

DIRECT PAY (ELECTRONIC FUNDS TRANSFER) AUTHORIZATION

I authorize Skyland Metropolitan District to instruct my financial institution to take my payment from the account listed below:

Bank Account Number:

Checkings: _____

-or-

Savings: _____

Financial Institution Name: _____

Financial Institution Routing Number: _____

Note: Please attach a voided check

I understand that payment will be automatically debited from my bank account on the due date of the Skyland Metropolitan District bill (last day of each month). If the due date falls on a weekend day or holiday, the payment will be debited on the following business day.

I understand that this authority is to remain in effect until Skyland Metropolitan District has received written notification from me to revoke the authorization.

I understand that Skyland Metropolitan District reserves the right to remove a customer from the Direct Payment Plan due to non-sufficient fund transactions and account closures. In the event of a return item, Skyland Metropolitan District will assess a \$15.00 return item fee.

Skyland Metropolitan District Account Number: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Signature: _____ Date: _____

****Please sign the form, attach a voided check and return to the address at the top.****