

**WILLOW BROOK METROPOLITAN DISTRICT
7995 EAST PRENTICE AVENUE, SUITE 103E
GREENWOOD VILLAGE, CO 80111-2710
(303) 381-4960
(303) 381-4961 (FAX)**

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize Willow Brook Metropolitan District hereinafter called DISTRICT, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Name on Account: _____

Financial Institution Name: _____

Type of Account: Checking _____ Savings _____

Routing Number: _____

Account Number: _____

This authority is to remain in full force and effect until DISTRICT has received written notification from me (or either of us) of its termination in such time and manner as to afford the DISTRICT and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

I understand that if I wish to revoke this authorization, I must notify DISTRICT in writing at least 5 business days prior to the scheduled date.

Signature:

Signature:

Print Individual Name:

Print Individual Name:

Phone Number: _____

Email Address: _____

District Account Number: _____

Date: _____

PLEASE REMIT BACK TO:

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**IF YOU CHOOSE TO USE THIS SERVICE,
IT MAY TAKE ONE BILLING CYCLE BEFORE ACH IS IN EFFECT**