TOWN OF MONUMENT

AUTHORIZATION FOR DIRECT PAYMENT/AUTOMATIC BILL PAYMENT

If you would like your monthly water billing amount to be automatically taken out of your checking/savings account please fill in the form and return it to the Town Office. This information is restricted and cannot be accessed by anyone other than the water billing department. Please do not fax your information. Bring it into the Town Office at 166 Second Street or mail it to the Town of Monument, PO Box 325, Monument CO 80132. If you have any questions please call Mary at 719-884-8037. Your amount due will be processed on the 25th of the month.

_____RENTER_____OWNER_____

CUSTOMER NAME

_____

CUSTOMER PHYSICAL ADDRESS

_____ _____

CUSTOMER PHONE NUMBER CUSTOMER BILLING ACCOUNT NUMBER

_____

FINANCIAL INSTITUTION NAME

_____ _____ CHECKING/SAVINGS

ABA ROUTING NUMBER ACCOUNT NUMBER CIRCLE ONE

I (we) authorize the Town of Monument to initiate variable entries to my (our) account described above. This authority is to remain in full force and effect until the Town of Monument has received written notification from me (or either one of us) of its termination in such time and manner as to afford the Town of Monument a reasonable opportunity to act on it.

_____

SIGNATURE

_____ _____

FULL NAME (PRINT) DATE

_____

SIGNATURE (for joint accounts)

_____ _____

FULL NAME (PRINT) DATE