



ACADEMY
Water and Sanitation District

Date: _____

Account # _____

Property Address _____

Dear Customer:

Welcome to Academy Water and Sanitation's Automatic Payment program. Please read the following information to enroll in the program. Once you have read this let, 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 Please make note of this bill, as this is the amount that will be withdrawn from your designated checking account.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, Academy Water & Sanitation 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 Academy Water & Sanitation 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-exact amount to the Academy water plant within 2 working days after notification. If your automatic withdrawal is rejected for insufficient funds two times, Academy will terminate this agreement and future payments must be made mail.
5. If you decide to terminate this program, please notify Academy Water & Sanitation 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 THEIS LETTER AND THE ATTACHED APPLICATION, (WE) HEREBY AGREE TO THE TERMS AS STATED ABOVE. (note: Joint accounts require both signatures)

Date: _____

Date: _____

Signature: _____

Signature: _____

AUTHORIZATION FOR AUTOMATIC WITHDRAWAL PAYMENTS

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

ACADEMY WATER AND SANITATION DISTRICT

Amount: The amount may vary. I/we understand that if at the time of transfer (on or close to the 15th of each month), the full funds are not available, we will receive notification from Academy Water & Sanitation District that Academy could not transfer the fund therefore, a non sufficient fund (NSF) service charge of \$40.00 along with a 5%(on the unpaid balance) late fee will be levied against my account. I/WE will agree to mail or bring the funds to the Academy water plant (including the \$40 service charge and late fee) 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: _____ Phone: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Attach a voided CHECK
Not a deposit slip

Account Number: _____

My/Our account will remain subject to its individual 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 Academy Water and Sanitation has received written notification from me/us (or either of us) of its termination; in such time and in such manner as to afford Academy Water and Sanitation and the depository agency a reasonable opportunity to act on it. (usually no later than the 5th of the month).

Name: _____
(print)

(print)

Signature: _____

Signature: _____

Date: _____

Date: _____

e-mail _____

Phone: _____

Mail this application to the accountants for Academy Water and Sanitation:

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