

AUTOMATED PAYMENTS AUTHORIZATION for MONTHLY FEES DURANGO WEST METROPOLITAN DISTRICT #1 (Dw1)

I (we) hereby authorize Durango West Metropolitan District No. 1, "Dw1" or "COMPANY," to initiate debit entries to the bank account indicated below and the "DEPOSITORY" (name of my bank) to debit my account. (payer can attach voided check/deposit slip, or legibly fill in below)

TYPE OF ACCOUNT: ("X" which type) CHECKING _____ or SAVINGS _____

YOUR BANK'S NAME (DEPOSITORY) _____

LOCATION OF BANK (or account may be with an Online Bank or Digital Bank)

CITY _____ STATE _____ "X" if Online or Digital _____

ROUTING #. _____ ACCOUNT # _____

Routing is the 9-digit number identifying your bank.

Include zeros shown before or after account #

Cancel: This authority is to remain effective until COMPANY has received notification that I wish to terminate ACH payments. Dw1 must submit autopay batch 48 hours in advance. When you wish to discontinue, please allow 5 (five) business days to give COMPANY reasonable opportunity to act on it.

This agreement shall pay my Durango West #1 Metro bill on or after the due date, which is **always the 5th** of each month. Payments may be withdrawn up to 5 business days after the 5th, but shall not be withdrawn prior to the 5th. Banks closed days are withdrawn on or after the next banking day.

What Happens if I have a Water Leak? Am I Protected from Large Bill? **YES**, based on your prior 3-month average. Durango West will contact me if an "unusually large bill" is generated for **any reason**. This Agreement defines an "unusually large bill" as any bill \$50.00 or higher than my last 3-months average. I am aware Water Use varies from month to month. I also recognize Dw1 Board may impose fee increases from time to time. Fee increases require at least 30-days advance notice and a public hearing must also be held not less than 30 days after proper notice.

This agreement authorizes the Company (Dw1) to withdraw payment by ACH to pay my monthly balance. **Dw1 agrees NOT to withdraw** an "unusually larger bill" amount, as defined above, unless I have granted prior permission of an agreed amount.

PRINTED NAME _____ PHONE _____

DATE _____ **SIGNED** _____

(MUST BE SIGNED BY OWNER OF BANK ACCOUNT)

Return a signed Copy, Original, PDF, or Photo: email, text, post office, or drop box.

dw1customers@dw1billing.net text/mobile (970) 946-2310

Mail: Durango West #1, 119 Holly Hock Trail, Durango, CO 81303 (970) 259-4267

Neighborhood **drop off** locations: front entrance payment box & office door slot