



2851 Riverside Plaza Unit 100 • PO Box 771277 Steamboat Springs, CO 80477 • 970 879-7671 • admin@steamboat2metro.com

Authorization Agreement for Automated Payments

Company Name Steamboat II Metropolitan District

Company ID Number Steamboat II

I (we) herby authorize **Steamboat II Metropolitan District**, hereinafter called COMPANY, to initiate debit entries to my *Checking* *Savings* account (**select one**) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.

BANK NAME _____

BRANCH _____

CITY _____

STATE _____ ZIP _____

ROUTING NO. _____

ACCOUNT NO. _____

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

NAME(S) _____

STBT II ACCOUNT NO. _____

DATE _____

SIGNED _____

PHONE # _____