

**Cascade Metropolitan District No. 1**  
**Authorization Agreement for Direct Deposits (ACH Debits)**

**DISTRICT ID NUMBER: 32-0131502**

I (we) hereby authorize Cascade Metropolitan District No 1 (and/or its duly authorized Manager), hereinafter called the DISTRICT, to initiate Debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter called the DEPOSITORY, and to Debit the amount of the District's monthly water billing to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_

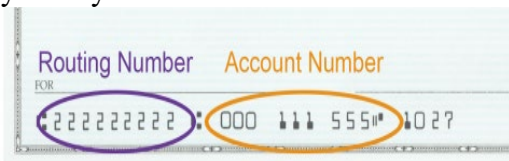
CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ROUTING NUMBER\*: \_\_\_\_\_

BANK ACCOUNT\*: \_\_\_\_\_

\* The routing number and bank account information can be found on a check for the account as shown on the picture below. If you want to insure that the above information is correctly entered, you may attach a voided check or a cancelled check to the District from a previous payment.



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

NAME(S) \_\_\_\_\_ CASCADE ACCOUNT #: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

CUSTOMER PHONE # \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**Note: All written Debit authorizations should provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.**