

Meridian Service Metropolitan District

Debit Authorization

ACH (Automated Clearing House) Payments

Customer Name _____

Address _____

I (we) hereby authorize Meridian Service Metropolitan District, hereinafter called COMPANY, to initiate debit Entries to my (our) Checking Account indicated at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same 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 _____

Type: Checking

RT/ABA (routing #) _____ Bank Account # _____

Please attach a blank voided check (no deposit slips).

This authorization is to remain in full force and effect until COMPANY 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.

Printed Name(s) _____

Signature _____

Meridian Service Metropolitan District account number _____

Date _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**PLEASE REMIT BACK TO: MERIDIAN SERVICE METROPOLITAN DISTRICT
7995 E. PRENTICE AVENUE, SUITE 103E
GREENWOOD VILLAGE, COLORADO 80111-2710**

Please attach a blank voided check (no deposit slips).