

**FOSSIL RIDGE METROPOLITAN DISTRICT N.1
c/o COMMUNITY RESOURCE SERVICES
7995 EAST PRENTICE AVENUE, SUITE 103E
GREENWOOD VILLAGE, CO 80111-2710
(303) 381-4960
(303) 381-4961 (FAX)**

**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize Fossil Ridge Metropolitan District N.1, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____	_____	_____
(Financial Institution Name)		(Branch)
<hr/>		
_____	_____	_____
(Address)	(City, State)	(Zip Code)
<hr/>		
_____	_____	Type of Acct: ___ Checking ___ Savings
(Routing/Transit Number)	(Account Number)	

This authority is to remain in full force and effect until Fossil Ridge Metropolitan District N.1 has received written notification from me (or either of us) of its termination in such time and manner as to afford Fossil Ridge Metropolitan District N.1 and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

I understand that if I wish to revoke this authorization, I must notify Fossil Ridge Metropolitan District N.1 in writing at least 5 business days prior to the scheduled date.

_____	_____
(Signature)	(Signature)
<hr/>	
_____	_____
(Print individual name)	(Print individual name)
<hr/>	
_____	_____
(Date)	(Property Address)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

<p>PLEASE REMIT BACK TO: Fossil Ridge Metropolitan District N. 1 c/o Community Resources Services of Colorado 7995 E PRENTICE AVE – SUITE 103E GREENWOOD VILLAGE, CO 80111-2710</p>

***IF YOU CHOOSE TO USE THIS SERVICE, IT MAY TAKE ONE BILLING CYCLE
BEFORE ACH IS IN EFFECT***