



PUEBLO WEST METRO DISTRICT

Authorization to Cancel Preauthorized Electronic Payments

I hereby authorize the Pueblo West Metro District to cancel my existing automatic payment. Completed cancellation forms must be received by the 1st day of the month to be effective that month. Authorizations received after the 1st will be effective the following month.

WATER ACCOUNT INFORMATION

Name on water account _____

Service address _____

Water account number _____

I understand that no further payments will be deducted from my checking/savings account. I also understand that I will be responsible for making my water/waste water payment to the Pueblo West Metro District by the 20th of each month.

I understand that by providing my email address, I am opting to receive my bill electronically and will no longer receive a bill in the mail. _____ (initial to acknowledge)

Name (Please print) _____

Signature/Date _____

Email Address _____