



**Automatic Bank Draft  
Authorization Form**

Name of Your Financial Institution \_\_\_\_\_

Branch \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

I authorize Forest Lakes Metropolitan District to draft against my

**Checking**

**Savings**

For payment of my monthly utility bill until this authority is revoked in writing by me. I agree that each payment will have the same effect as a check personally written, signed, and submitted by me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Utility Account Number

Please complete, print and return to:

***Forest Lakes Metropolitan District***

*271 N. Mountain View Dr., #107*

*P.O. Box 440*

*Bayfield, CO 81122*

***Email : [office@flmd.com](mailto:office@flmd.com)***

**\*\*\* Be sure to enclose a voided check or deposit slip. \*\*\***

• ***Office*** (970) 884-2925 • ***Shop*** (970) 884-2111 • ***Fax*** (970) 884-0305 •  
[www.flmd.com](http://www.flmd.com)