



**WATER BILLING
DIRECT PAY OPTION
NEW ENROLLMENT / CHANGE FORM**

- New Enrollment
- Name / Address Change
- Bank Routing / Account Number Change

Effective Date: _____ Account #: _____

Name: _____

Property Address in Frisco _____

Mailing Address: _____

City: _____ State/ZIP: _____

Telephone: _____ Email: _____

I, _____, authorize the Town of Frisco and the financial institution listed below to automatically deduct the amount due on my quarterly Water Bill from my account (this includes my authorization for the Town of Frisco to reverse any entries made in error). This authority will remain in effect until I give written notice to cancel or change it.

Bank Name _____

Routing Number _____

Account Number _____

Authorized Signature

Date Signed

PLEASE ATTACH A PHOTOCOPY OF A CHECK OR A VOIDED CHECK

**TOWN OF FRISCO ❖ WATER DEPARTMENT ❖ P.O. BOX 4100
FRISCO, CO 80443 ❖ VOICE 970-668-9136 ❖ FAX 970-668-0677
EMAIL peggyf@townoffrisco.com**