



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

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

Effective Date: \_\_\_\_\_ Account #: \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_, authorize the Town of Frisco and the financial institution listed above to automatically deduct the amount due on my quarterly Water Bill from the above 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.

- CHECKING ACCOUNT  
Account Number \_\_\_\_\_  
Routing Number \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date Signed

PLEASE ATTACH A PHOTOCOPY OF A CHECK OR A VOIDED CHECK

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**TOWN OF FRISCO ❖ WATER DEPARTMENT ❖ P.O. BOX 4100  
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