

# Checking Account Authorization Form

In order for us to accept and bill your checking account, please complete the following:

- Provide information for ALL fields in the form below;
- SIGN and DATE this form;
  - **SCAN & E-MAIL** this form to [contact@allcountycs.com](mailto:contact@allcountycs.com)
  - **FAX** this form to 719-445-6252 or
  - **MAIL** it to All County Colorado Springs Company, 5030 Edison Ave, Suite 150, Colorado Springs, CO 80915

All information will be treated as strictly confidential.

## Contact/Billing Information (on checking account):

Account Holder Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**RECURRING BILLING:** I hereby authorize All County Colorado Springs Company to charge the indicated checking account for all current and past due charged rent and utility charges **on a recurring, monthly basis**. I agree that All County Colorado Springs Company will make this charge on the first calendar day of each month during the term of our lease. To terminate the recurring billing process, I must notify All County Colorado Springs Company **in writing** of the cancellation. All County Colorado Springs Company will discontinue the Recurring Billing process upon receipt of my written notice.

**AUTHORIZATION:** I hereby authorize All County Colorado Springs Company to charge my checking account on a Recurring Billing basis as I have indicated above. I will not dispute All County Colorado Springs Company recurring billing with my checking account bank so long as the amount in question was for rent and utility charges which were charged prior to my cancelling my account in the manner required. I agree that if I have any problems or questions regarding my All County Colorado Springs Company service, I will contact All County Colorado Springs Company for assistance, using the contact information located below. I guarantee and warrant that I am the legal signer and accountholder of this checking account, and that I am legally authorized to enter into this recurring billing agreement with All County Colorado Springs Company.

Signature of Account Holder: \_\_\_\_\_

Date: \_\_\_\_\_

## Contact Information:

Accounts Receivable  
All County Colorado Springs Company  
5030 Edison Ave, Suite 150  
Colorado Springs CO 80915  
719-445-7172 (P) 719-445-6252(F)

(Account Holder must include a voided check with this form)

