



VILLAGE OF CLOUDCROFT  
201 BURRO AVE.  
P.O. BOX 317  
CLOUDCROFT, NM 88317

WATER DEPARTMENT  
PHONE: 575-682-2411  
FAX: 575-682-2042

**AUTOMATIC PAYMENT PLAN**

I hereby authorize the Village of Cloudcroft to initiate withdrawals from my designated checking or savings account as indicated below, for payment of their service bills attributable to my Village of Cloudcroft Water Department account number. The withdrawals are to be made on approximately the 15<sup>th</sup> of each month. I authorize my financial institution to charge such withdrawals to the Designated Account.

I agree to maintain in my designated account a balance available for immediate withdrawal hereunder in an amount sufficient to pay each monthly bill in full as it becomes due. I also agree to notify the Village of Cloudcroft prior to closing or changing my Designated Account. I hereby represent and warrant to the Village of Cloudcroft that I am fully authorized to execute this agreement, permitting the Village of Cloudcroft to initiate withdrawals from my Designated Account, and I agree to protect and indemnify the Village of Cloudcroft and First National Bank in Alamogordo from any suits, claims, or causes of action contesting my authority to do so or the Village of Cloudcroft's right to withdraw funds from my Designated Account accordance herewith.

I understand that both the Village of Cloudcroft and First National Bank in Alamogordo reserve the right to terminate this plan and/ or my participation therein. I also understand that the Village of Cloudcroft terms and conditions for providing service shall remain in effect and applicable hereto, in accordance with the Village of Cloudcroft policies.

VILLAGE OF CLOUDCROFT:  
Bank Routing # 112202123      Bank Account # 01005701      Customer Initials \_\_\_\_\_

CUSTOMER INFORMATION:  
Service Address: \_\_\_\_\_      Water Account#: \_\_\_\_\_

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

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

City, State, and Zip: \_\_\_\_\_

Home/ Cell Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Bank Routing#: \_\_\_\_\_      Account #: \_\_\_\_\_

Account Type: (circle one)    Checking                  Savings                  Bank Phone #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_      Date: \_\_\_\_\_

**PLEASE ATTACH VOIDED CHECK**