

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT (ACH Debit)

I hereby authorize **LAKELAND SANITARY DISTRICT #1** to initiate debit entries to my account indicated below and the financial institution named below to debit the same to account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the United States law. (Please attach a blank check marked "VOID" or an account verification letter from your financial institution. This will provide us with the necessary banking information. A deposit slip will **not** provide accurate information).

Bank Name: _____

Bank Address: _____

Bank Telephone Number: _____

Bank Routing Number: _____

Bank Account Number: _____ **Acct Type:** ___ Checking ___ Savings

This authorization is to remain in full force and effective until Lakeland Sanitary District has received written notification from me of my termination in such time and in such manner, as to afford Lakeland Sanitary District and Peoples State Bank a reasonable opportunity to act on it.

Please initial what type of direct payment customer is initiating:

_____ Direct Payment (Single Transaction on or before due date)

_____ Fixed Amount/Direct Payment – (Monthly transaction) - This amount will be taken from account ***no matter what the balance is.***

Name (s) Printed: _____

Signed: _____

Date: _____ **Utility Account Number:** _____

Property Address: _____

Phone Number: _____