

AUTHORIZATION FOR ACH PAYMENT

Account Name (Please Print)

Phone Number (Required)

Service Address (Please Print)

Email or Alternative Phone Number

*Lake Pewaukee Sanitary District offers this payment option as a convenience to its customers. Funds will be withdrawn on the **20th of the month following the bill date** (1/1) (4/1) (7/1) (10/1). If the 20th falls on a weekend, the funds will be withdrawn the following Monday. If you have questions, please feel free to contact our office at 262-691-4485.*

Name of Financial Institution

Branch (If Applicable)

City

State

Zip Code

Routing Number

Account #

Checking or **Savings**

(Please supply a voided check in the space provided below)

I authorize the *Lake Pewaukee Sanitary District* and the financial institution names above to initiate transactions to my checking/savings account. This authority will remain in effect until I notify the office in writing to cancel or update banking information,(10 days prior to my account being charged), to afford the financial institution a reasonable opportunity to act on it. Not doing so may result in a \$29.00 NSF fee in addition to any account balance.

Signature

Date

*****PLEASE ATTACH VOIDED CHECK HERE*****

(Do not attach a deposit slip as the routing numbers may vary)

