

## Auto-Pay Program Authorization

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

Account No(s): \_\_\_\_\_

**Please fill out and return to: LAKE COMO SANITARY DISTRICT #1  
N3420 DELL PLACE  
LAKE GENEVA, WI 53147**

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I authorize you and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit entries in error to my: **Checking Account**

This authority will remain in effect until I have cancelled it in writing in such time and manner as to afford LAKE COMO SANITARY DIST #1 AND FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
Date

\_\_\_\_\_  
FINANCIAL INSTITUTION

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
BRANCH

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
ACCOUNT NUMBER AT FINANCIAL INSTITUTION

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
SIGNATURE

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**STAPLE VOIDED CHECK HERE.....**