

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**

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

STAPLE VOIDED CHECK HERE.....