

Form for requesting removal of automatic withdrawal of sewer payments.

I authorize Green Lake Sewer to stop direct payments (debits) to my designated account at the below named Financial Institution.

This authority is to remain in effect until I provide written notification to the Green Lake Sewer of my intent to terminate this agreement. This notice must be given to the Green Lake Sewer in a reasonable time frame to act upon it relative to the payment due date.

Company Information:

Payment Information:

Amount of Payment: \$70.00

Payment Date: The 5th of May, August, November, and February. (When the 5th falls on a weekend it will be the following Monday.

Beginning date of: _____

Financial Institution Information:

Bank Name: _____

City _____ State _____ Zip _____

Transit/ABA# _____

Account number: _____

PLEASE ENCLOSE A VOIDED CHECK

Account Type: ___ Checking ___ Savings Account

Authorized By:

Signature: _____ Date: _____

Print Name: _____

Address: _____

Phone number _____

For Office Use Only: Date applied _____
