

# 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 \_\_\_\_\_

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For Office Use Only: Date applied \_\_\_\_\_

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