

Form for requesting removal of automatic withdrawal of tax payments.

I authorize Leighton 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:

Stop direct withdrawals made from my account for the summer bill on:

September 1, 20 or the first business day of the month.

Stop direct withdrawals made from my account for the winter bill on:

December 18, 20 or the first business day of the month OR

February 1, 20 or the first business day of the month.

Please select appropriate box above.

Financial Institution Information:

Bank Name: _____

City _____ State _____ Zip _____

Transit/ABA# _____

Account number: _____

Account Type: ___ Checking ___ Savings Account

Authorized By:

Signature: _____

Date: _____ Parcel Number 03-13- _____ - _____ - _____

Print Name: _____

Address: _____

Phone number _____

Office Use Only: Date applied _____