

## AUTHORIZATION FOR DIRECT PAYMENT

I authorize Richmond Lake Sanitary District to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE

\_\_\_\_\_  
(NAME OF FINANCIAL INSTITUTION) (BRANCH)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

\_\_\_\_\_  
(SIGNATURE) (DATE)

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

\_\_\_\_\_  
(ADDRESS - PLEASE PRINT)

Account No. \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_  
(between these symbols | : | on the bottom left of your check)

RETURN UPPER PORTION TO RICHMOND LAKE SANITARY DISTRICT

### RETAIN FOR YOUR RECORDS

On \_\_\_\_\_ I authorize

\_\_\_\_\_  
(COMPANY NAME & DEPT.)

\_\_\_\_\_  
(ADDRESS)  
PHONE \_\_\_\_\_

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with you at any time by writing to the address above.

Initial payment amount: \$ \_\_\_\_\_ (If payment amount changes we will notify you at least 10 days before the regularly scheduled payment date.)

Regular payment date: First day of each month.