

TRI-LAKES REGIONAL SEWER DISTRICT
Authorization Agreement for Direct Debit of Monthly Sewer Bill

Please complete all information and return to: 5240 N. Old 102, Columbia City, IN 46725
or email to: tlrsd@tri-lakessewer.com. Thank you!

Name on Account: _____ Account #: _____

Service Address: _____ Mo. Billing Amount: _____

I hereby authorize Tri-Lakes Regional Sewer District to automatically transfer \$_____ from my _____ checking or _____ savings account on the 20th of each month beginning in ____/____(month/year) to the District account listed above. (This form **must be received by the 10th** of the month in which you want the transfer to begin.) I understand that this transfer will be done on a recurring basis unless/until I notify the District to stop it. Should I not have adequate funds in my account for the transfer, I understand that I will be charged the penalty for the past due payment as well as the District's standard fee of \$27.50 for a returned payment. I understand that I will *no longer receive a monthly bill* unless specifically requested.

I hereby accept responsibility to notify Tri-Lakes Regional Sewer District when I want this recurring payment to be discontinued. This **STOP** notice **must occur prior to the 15th** of the month in which you want it discontinued and **must be in writing**. I agree to notify Tri-Lakes Regional Sewer District immediately if my account information changes or in the event of an error in this payment (see above) to assist them in resolving it.

YOUR FINANCIAL INSTITUTION (BANK): _____

Routing Number: _____
(First 9 digits on bottom of your check)

Account Number: _____
(Next set of digits on bottom of your check)

***NOTE:** To avoid delays in processing, please attach a voided check so we can verify routing and account numbers. If a voided check is not available, please provide phone number that we can call with any problems. If paying your monthly bill when sending this form to us, we will use the check you send for that payment.

Signature

Signature

Date

Date

Phone# (to be used in the event of payment issues)

Alt Phone#

(For use of Tri-Lakes Regional Sewer District only)

Added on: _____ By: _____ Beginning Deduct Date: _____

Pre-Note Date: _____ Deleted on: _____ By: _____

Phase: _____ Change Info: _____