

**Direct Payment Authorization Form: Fixed Payments**

We are pleased to offer you the Direct Payment Plan for your monthly trash & sewer payments. Now you can have your payment deducted automatically from your checking or savings account. You will not have to change your present banking relationship to take advantage of this service.

**The Direct Payment Plan will help you in several ways:**

- \*It saves time & postage – no checks to write and mail.**
- \*Your payment is always on time – no late fees.**
- \*It's easy to sign up for, easy to cancel.**

**Here's how the Direct Payment Plan works:**

You authorize regularly scheduled payments to be made from your checking or savings account. Your payments will be made automatically on the specified day. Proof of payment will appear on your bank statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date. The Direct Payment Plan is dependable, convenient, and easy. To take advantage of this service, complete the attached authorization form and return it to us: **TOWN OF CLEAR LAKE, 111 Gecowets Drive, Fremont, IN 46737.**

All you need to do is:

1. **Mark the box** before type of account to indicate whether your payment will be deducted from your **checking or savings** account.
2. Fill in your name, financial institution name and location, and date.
3. **Attach a voided check or deposit slip** for verification of all financial institution information. If you are unable to attach a voided check, please fill in your account number and routing number.

**Note: Be sure to sign the form!**

**Please complete the information below:**

I authorize the **Town of Clear Lake** to initiate electronic debit entries to my:

\_\_\_ Checking account

\_\_\_ Savings account

for payment of my monthly **Trash & Sewer** fees.

**I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. This authority will remain in effect until I have cancelled it in writing.**

Financial Institution Name (Please Print) \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_

Account Number at Financial Institution \_\_\_\_\_

Financial Institution City and State \_\_\_\_\_

Lake Property Address \_\_\_\_\_

Your printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_