The Lead-Deadwood Sanitary District #1 is pleased to offer you the convenience of an Automatic Payment Plan. This plan allows you the option to have your monthly charges for District services automatically deducted from your checking or savings account on the 5th of every month. Enrollment is voluntary and subject to the terms listed below. To take advantage of this service, complete the authorization form below and return it to the Lead-Deadwood Sanitary District #1, PO Box 413, Deadwood, SD 57732, Fax to (605) 578-1287, or email to ldsd1@rushmore.com. Please call (605)-578-1835 if you have any questions regarding the Automatic Payment Plan.

AUTOMATIC PAYMENT AUTHORIZATION

Lead-Deadwood Sanitary District #1, PO BOX 413, Deadwood, SD 57732
(605) 578-1835

PLEASE CHECK ONE: O NEW O CHANGE O CANCEL

NAME OF PAYEE: _____
Last First Middle

PAYEE ADDRESS: _____
P O Box or Street City State Zip

PAYEE PHONE#: (_____

LEAD-DEADWOOD SANITARY ACCOUNT NUMBER OR PROPERTY ADDRESS: _____

ACCOUNT INFORMATION: (complete only for new requests or changes)

TYPE OF ACCOUNT (check one only) O Checking Account O Savings Account

Your Financial Institution's Routing Number: _____

Your Account Number: _____
(Important: Attach a voided check or letter from your financial institution to verify account and ABA routing numbers)

Financial Institution Name: _____

Address: _____ Phone: (____)

City: _____ State: _____ Zip: _____

AUTHORIZATION: (check appropriate line)

O I hereby authorize the Lead-Deadwood Sanitary District#1 and the financial institution named above to initiate entries to my checking/savings account. This authority will remain in effect until I notify the Lead-Deadwood Sanitary District # 1 in writing to terminate the authorization.

I understand that I will continue to receive my monthly billing statement for city services marked "ACH Bank Pay". Payment of my statement charges will be made automatically on the 5th business day of the month following the issue date of my monthly billing statement. Proof of payment will appear on my bank statement and will be reflected on my next billing statement.

O I hereby cancel my Automatic Payment Authorization. **CANCELATIONS MUST BE RECEIVED BY THE 25TH OF THE MONTH.**

_____ _____
Signature Date

Please attach a voided check or copy.