

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 No: _____

Service Address: _____ Mo. Billing Amnt: _____

I hereby authorize TriLakes Regional Sewer District to automatically transfer \$_____ from my ___checking or ___savings account each month beginning in ___/___(month/year) to the District account listed above. (This form **must be received by the 5th** 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 late payment as well as the District's standard fee of \$27.50 for a returned check. I understand that I will **no longer receive a monthly bill** unless specifically requested.

I hereby accept responsibility to notify TriLakes 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 TriLakes 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 checks*

Account Number: _____
(Next 10 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 TriLakes Regional Sewer District only)

Added on: _____ By: _____ Beginning Deduct Date: _____
PreNote Date: _____ Deleted on: _____ By: _____
Phase: _____ Change Info: _____