

AUTHORIZATION FOR DIRECT PAYMENT OF UTILITY BILLS

The Town of Ledgeview Sanitary District is now offering ACH – Direct Payment Plan for customer utility bill payments. Your payment would be made automatically from your checking or savings account. What are the benefits?

- It saves time – fewer checks to write.
- Helps meet your commitment in a convenient and timely manner – even if you're on vacation or out of town.
- No lost or misplaced statements, your payment is always on time.
- It saves postage.
- No late charges.

HERE'S HOW THE DIRECT PAYMENT PLAN WORKS:

You authorize payment to be made from your checking or savings account. Your payments would be made automatically on the following quarterly dates: January 10th, April 10th, July 10th and October 10th. You will still continue to receive a copy of your quarterly utility bill and proof of payment will appear on your bank statement.

The authority you give to charge your account will remain in effect until you notify the Town of Ledgeview in writing to terminate the authorization.

To take advantage of the Direct Payment Plan, complete the following authorization form and send, **along with a voided check or deposit slip**, to: **Ledgeview Sanitary District #2**

**3700 Dickinson Road
De Pere, WI 54115**

Expect this program to begin with the 4th quarter billing - drawn on January 10, 2014.

AUTHORIZATION FOR DIRECT PAYMENT

I authorize LEDGEVIEW SANITARY DISTRICT NO.2 and the financial institution named below 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 financial institution 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.

Name of Financial Institution _____ Branch _____

City _____ State _____ Zip Code _____

Signature _____

Name (Please Print) _____ Phone No. _____

Address (Please Print) _____

Account No. _____ Checking _____ Savings _____

Financial Institution Routing Number _____
(between these symbols 1: 1: on the bottom of your check)