



# AUTHORIZATION FOR DIRECT PAYMENT OF UTILITY BILLS

Town of Ledgeview  
Municipal Building  
3700 Dickinson Road  
De Pere, WI 54115

## 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 10<sup>th</sup>, April 10<sup>th</sup>, July 10<sup>th</sup> and October 10<sup>th</sup>. 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**, to:

**Ledgeview Sanitary District #2**  
3700 Dickinson Road  
De Pere, WI 54115

## 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 I: I: on the bottom of your check)