

If you are interested in automatic payments, please complete and return this form to us by April 12, 2012 to be effective for the April payment.

Authorization agreement for automated withdrawals

Name(s): _____

Address: _____

Daytime Phone No.: _____

I (we) hereby authorize the Algoma Sanitary District to initiate debit entries to my (our) checking/savings account from the financial institution named below. This authority is to remain in force until the Algoma Sanitary District has received written notification from me (us) of its termination. I authorize the Algoma Sanitary District to charge my (our) water account for any fees and finance charges due to non sufficient funds.

Financial Institution: _____

Checking Account

Address: _____

Savings Account

Routing Number: _____

Account number: _____

Please enclose a voided check if you are using a checking account; or a deposit slip if you are using a savings account. Please be sure each account holder listed on the check signs below.

Signature: _____

Date: _____

Signature: _____

Date: _____

For water utility use only:

Date received: _____

Account No.: _____

Please mail this form back to us at the following address if you are interested in enrolling:

Algoma Sanitary District #1
3477 Miller Drive
Oshkosh, WI 54904