



# Delavan Lake Sanitary District

of the Towns of Delavan and Walworth

## Auto-Pay Program Authorization

Service Address: \_\_\_\_\_

DLSD Account No(s): \_\_\_\_\_

**Please complete and return to: Delavan Lake Sanitary District  
2990 County Road F South  
Delavan, WI 53115**

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I authorize you and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit entries in error to my: **Checking Account**

This authority will remain in effect until I have cancelled it in writing.

\_\_\_\_\_  
DATE

BANK INFORMATION:

PERSONAL INFORMATION:

\_\_\_\_\_  
FINANCIAL INSTITUTION

\_\_\_\_\_  
NAME (**PLEASE PRINT**)

\_\_\_\_\_  
ROUTING NUMBER

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
ACCOUNT NUMBER AT FINANCIAL INSTITUTION

\_\_\_\_\_  
CITY STATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TELEPHONE NUMBER

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**STAPLE VOIDED CHECK HERE.....**