



Delavan Lake Sanitary District

of the Towns of Delavan and Walworth

Auto-Pay Program Authorization

Service Address: _____

Account No(s): _____

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

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

_____ FINANCIAL INSTITUTION

_____ NAME (PLEASE PRINT)

_____ BRANCH

_____ MAILING ADDRESS

_____ ACCOUNT NUMBER AT FINANCIAL INSTITUTION

_____ TELEPHONE NUMBER

_____ CITY STATE

_____ SIGNATURE

STAPLE VOIDED CHECK HERE.....