**AUTO-PAY PROGRAM AUTHORIZATION**

Pickerel Lake Sanitary District (PLSD) bills its user twice year on March 1st and September 1st with a 30-day due date. PLSD strongly encourages ALL cabin owners to enroll in autopay to eliminate sending checks via the mail. With PLSD’s autopay program, your account will be drafted on the 20th day of the billing month (March 20th and September 20th).

|  |  |
| --- | --- |
| Property Owner: |  |
| Cabin Address: |  |

**BANK INFORMATION**

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 or Savings Account**

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

|  |  |
| --- | --- |
| **Financial Institution Name:** |  |
| Routing Number: |  |
| Account Number: |  |
| City, State |  |
|  |  |
| **Account Holder Name:** |  |
| Mailing Address: |  |
| Mobile Number: |  |
| Signature: |  |
| Date: |  |

Return signed form to PLSD via email at [info@plsdistrict.org](mailto:info@plsdistrict.org) or via mail at the address above.

**OFFICE USE ONLY**

|  |  |
| --- | --- |
| ACCOUNT #: |  |
|  |  |