



### **Auto Debit Authorization Agreement**

I authorize Pequot Lakes Sanitation, LTD. and the financial institution named below to automatically debit the checking account listed for all charges due and payable on my regular billing cycle. I understand that any fees associated with the overdraft of my account, due to this payment, is my responsibility and not the responsibility of Pequot Lakes Sanitation. By signing below, I verify that I am a legal signer on the checking account listed below. This authority will remain in effect until I notify Pequot Lakes Sanitation of cancellation at least 20 days before the transaction is due and payable. Transactions will take place on the 10<sup>th</sup> of each month. If the transaction date falls on a weekend or a holiday, the transaction will take place on the following business day. You will not receive a monthly bill unless specified. Please print clearly and legibly.

Name as Listed on Bank Account \_\_\_\_\_

Sanitation Account Number \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Alternate Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Name of Bank \_\_\_\_\_

City Bank Located In \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Checking Account Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please submit form by mail with your bill stub and we will begin the auto debit service immediately.*