



Automatic Payment Plan Sign Up Form

AUTHORIZATION FOR DIRECT PAYMENT/ AUTOMATIC BILL PAYMENT Lakehurst Water and Sanitation District

I (we) authorize the Company (Lakehurst Water and Sanitation District) to initiate variable entries to my (our) account described below. I (we) further understand that the automatic payment process will begin the 20th day of the following month the application and voided check are received. Your payment will be withdrawn from your bank account the 20th of each month; you may cancel at any time. **If you have a joint bank account, both parties must sign the form.**

Financial Institutions Name _____

TO IMPLEMENT THE AUTOMATIC BILL PAYMENT, PLEASE COMPLETE THE INFORMATION FORM.

PLEASE ATTACH A VOIDED CHECK.

Print Full Name _____

Signature _____

Print Full Name _____

Co-signer _____

Address _____

Telephone _____ Second # _____

Lakehurst Water and Sanitation District Billing Account Number _____

Your voided check will be destroyed upon entry into billing system and first successful transmission.

Opt-out of Auto Payments

By signing below you agree that you are opting out of Lakehurst Water and Sanitation Auto Pay program.

Lakehurst Water and Sanitation District Billing Account Number _____

Signature _____

Co-signer _____