



SANITARY DISTRICT
DEBIT AUTHORIZATION

CUSTOMER INFORMATION

CUSTOMER NAME:

MAILING ADDRESS:

CITY, STATE, ZIP:

SERVICE ADDRESS:

E-MAIL :

ACCOUNT INFORMATION

FINANCIAL INSTITUTION NAME:

ADDRESS:

CITY, STATE, ZIP: _

**ACCOUNT TYPE: CHECKING ROUTING # :
 OR ACCOUNT # :**

SAVINGS

PLEASE INCLUDE A VOIDED CHECK OR A COPY OF A VOIDED CHECK.

I authorize Iowa Great Lakes Sanitary District to initiate debit entries from my checking/savings account. This authority is to remain in full force and effect until Iowa Great Lakes Sanitary District has received written notification from me of its termination in such time and in such manner as to afford Iowa Great Lakes Sanitary District and the Financial Institution a reasonable opportunity to act on it.

AUTHORIZED SIGNATURE: _____ DATE: _____

NOTICE: PAYMENT WILL BE DEDUCTED EACH AUGUST 15TH AND FEBRUARY 15TH.