

Lakeland Regional Sewer District

Recurring ACH Payment Authorization Form & PDF E-Bill Enrollment

Sign and complete this form to authorize Lakeland Regional Sewer District to make recurring debits to your checking or savings account for your monthly sewer bill. By signing this form you give us permission to debit your account for the amount indicated on the last business day of each month.

Please complete the information below:

First Name:	Last Name:
Service Address:	
Account Number:	
Phone:	
Email:	

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	



The graphic shows a routing number '222222222' circled in purple and an account number '000 111 555 1027' circled in orange. The text 'Routing Number' and 'Account Number' are written above the respective numbers.

I authorize Lakeland Regional Sewer District to debit my account \$ _____ each billing for payment of my sewer bill.

SIGNATURE _____

DATE _____

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non-Sufficient Funds (NSF) I understand that Lakeland Regional Sewer District may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$30 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute Lakeland Regional Sewer District's billing with my bank so long as the transaction corresponds to the terms indicated in this agreement. This agreement will remain in place until canceled by the account holder. Any changes to this agreement must be made in writing to Lakeland Regional Sewer District via US Mail or e-mail.

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