



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. Please specify if you would like the transaction to take place on the 3rd or the 10th of the 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 _____

Pequot Lakes 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.