

# TWIN LAKES REGIONAL SEWER DISTRICT

"Protecting the Environment Today for Tomorrow's Generations"

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## DIRECT WITHDRAWAL

- 1) You must complete the form to add, change or delete withdrawal information.
- 2) No verbal changes will be accepted – all changes must be in writing.
- 3) Do not close an account unless you cancel it at the District.

### CHECK ONE:

- New Account
- Changing Account
- Cancel Account

### Account Type

- Checking

Institution Name: \_\_\_\_\_

Institution Account #: \_\_\_\_\_

Institution Routing ABA#: \_\_\_\_\_  
(First 9 digits only)

Institution phone number: \_\_\_\_\_

I authorize **Twin Lakes Regional Sewer District** to withdraw the full payment due from the above institution. This authority will remain in force until I have given written notice that I have terminated it. I understand that I must give advance notice to allow reasonable time for my instruction to be executed.

Name (print): \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_

*A voided check must be submitted with ACH/Automatic Withdrawal Payment form.) The last date to submit an ACH/Auto Withdrawal Payment form for current month billing will be the 1st of the month for testing and then the ACH/Auto Withdrawal Payment will be active the following month. During the testing period if payment is not made a penalty will be applied.*

\*\*\* PLEASE ATTACH A VOIDED CHECK \*\*\*

**I fully understand that during the testing period all payments are due by the due date or a penalty will be applied.**

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

For office use only: Date Received \_\_\_\_\_ Date Test \_\_\_\_\_ Date Active \_\_\_\_\_  
Account # \_\_\_\_\_ Phase \_\_\_\_\_ Area \_\_\_\_\_ GU# \_\_\_\_\_ Remove \_\_\_\_\_