

I authorize Lubeck Public Service District and the financial institution named below to initiate entries to my checking /savings account. This authority will remain in effect until I notify the District in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution and Lubeck PSD three (3) days before my account is charged.

\_\_\_\_\_  
(LUBECK PSD CUSTOMER NAME - PLEASE PRINT)

\_\_\_\_\_  
(LUBECK PSD CUSTOMER ADDRESS - PLEASE PRINT)

\_\_\_\_\_  
(LUBECK PSD ACCOUNT NO.)      (LPSD CUSTOMERS SOC. SEC. NO.)

\_\_\_\_\_  
(DAYTIME TELEPHONE NUMBER)

\_\_\_\_\_  
(NAME OF FINANCIAL INSTITUTION)      (BRANCH)

\_\_\_\_\_  
(CITY)      (STATE)      (ZIP CODE)

\_\_\_\_\_  
(SIGNATURE)      (DATE)

Financial Institution Routing Number \_\_\_\_\_

Account No. \_\_\_\_\_ Checking \_\_\_\_\_ or Savings \_\_\_\_\_

**YOU MUST ATTACH A VOIDED CHECK FROM THE ACCOUNT YOU WISH TO USE BEFORE WE CAN START THE PROCESS.**

**Please check here if you want your payment automatically taken out on the 12th of the month or the closest business day thereto. (    )**

For those customers who do not want this done on an automatic basis, the District will need to have the form on file before the customer will be permitted to call in and ask that their payment be taken by ACH.