



# **SANITARY DISTRICT No.1**

**TOWN OF WILSON, SHEBOYGAN COUNTY, WISCONSIN**

Dear Sanitary District resident,

In an effort to streamline and expedite the sewer payment process of Town of Wilson residents, Sanitary District No. 1 is implementing an electronic payment option that will automatically transfer your sewer payments from your personal savings or checking account to the Sanitary District. Many residents have requested this form of payment over the past several years and the Sanitary District is pleased to offer such a service.

Enclosed is an Authorization Agreement for Automatic Debit that will need to be completed if you are interested in participating in this automatic payment process. Please make sure to complete both sections and include a voided check (for checking) or preprinted deposit slip (for savings). The enclosed agreement serves as your authorization for the Sanitary District to withdraw money from your savings or checking account. If you choose to discontinue this form of payment, written notification must be submitted to the Sanitary District requesting termination of the automatic payment process.

While completing the form, it is important to keep in mind that none of the lines can be skipped. If you have any questions regarding any requested information on the form, please contact your bank or financial institution. Failure to complete the form properly and include a voided check (for checking) or preprinted deposit ticket (for savings) will delay the time before Sanitary District can allow you to use this service.

If you have any questions or need additional information, please contact the Sanitary District office at one of the contact numbers or addresses listed below.

Sincerely,

Shelly Weidig  
Clerical Assistant for Sanitary District No. 1

cc: Sanitary District Treasurer

Enclosure.



# SANITARY DISTRICT No.1

TOWN OF WILSON, SHEBOYGAN COUNTY, WISCONSIN

Acct No. \_\_\_\_\_

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBIT (ACH Debit)

I (we) hereby authorize Town of Wilson Sanitary District No. 1 to initiate debit entries to my (our) account indicated below and the financial institution named below to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the United States law. I (we) understand that there will be a \$50 charge for any insufficient fund transactions.

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank Telephone Number: \_\_\_\_\_

Routing No: \_\_\_\_\_

Bank Account No: \_\_\_\_\_ Acct type: Checking Savings

I (we) agree that my (our) bank account will be debited between the 16<sup>th</sup> and 20<sup>th</sup> of January, April, July and October. This authorization is to remain in full force and effect until Sanitary District No. 1 has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Sanitary District No. 1 and resident's bank a reasonable opportunity to act on it.

Name(s) printed \_\_\_\_\_

Signed: \_\_\_\_\_

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

Property location: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

**For checking accounts, please include a voided check with this form.**

**For savings accounts, please include a preprinted deposit slip.**

**This form will not be processed without an attachment.**