



Payette Lakes Recreational Water & Sewer District

201 Jacob Street • McCall • ID 83638

208-634-7613 fax

Direct Payment Authorization

You can have your sewer fee payment deducted automatically from your checking or savings account. It's easy to sign up for, easy to cancel. There are no fees for the service, and your payment will never be late. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If the amount of your payment changes, we will notify you at least 10 days before payment date. To take advantage of this service, complete this authorization form and return it to us. We must receive the completed form at least two weeks prior to the beginning of the month you wish to start direct pay. You have the option of either a monthly or semi-annual payment.

All you need to do is:

1. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account.
2. Mark the box before the monthly or semi-annual option.
3. Fill in your name, service address of property, financial institution name and location and date.
4. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

NOTE: Be sure to sign the form!

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the Payette Lakes Recreational Water and Sewer District to initiate electronic debit entries to my:

- checking account or savings account
 monthly or semi-annual (Jan 1 and July 1) cycle

for payment of my sewer fees. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date _____ Name _____

Service Address _____

Financial Institution Name (Please Print) _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

Financial Institution City and State _____

Signature _____ Phone number _____

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS

Attach Voided Check or Savings Deposit Slip Here