



Application for Electronic Payment Plan

AUTHORIZATION– Please fill out

I authorize you and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit entries in error to my:

Checking Account

Savings Account

and remit payment for my monthly utility bill to City of Lancaster.

Please **print** all of the following information.

This authority will remain in effect until I have cancelled it in writing.

NAME (as it appears on Utility Bill)

UTILITY ACCOUNT NUMBER (above name on bill)

ADDRESS

FINANCIAL INSTITUTION

ADDRESS OF FINANCIAL INSTITUTION

ROUTING NUMBER
(Located at bottom left corner of check-9 digits)

ACCOUNT NUMBER AT FINANCIAL INSTITUTION**
(Located at bottom center of check)

NAME OF BANK ACCOUNT HOLDER
(if different from above)

SIGNATURE

DATE

Return to: City Hall, 206 S. Madison St., Lancaster, WI 53813

PLEASE ATTACH HERE OR ON THE BACK:

**A VOIDED CHECK FOR CHECKING ACCOUNT VERIFICATION
OR**

A LETTER FROM YOUR FINANCIAL INSTITUTION FOR SAVINGS ACCOUNT VERIFICATION