

LANCASTER WATER & SEWER DEPARTMENT
206 S. MADISON ST.
LANCASTER WI 53813
PHONE: 608-723-6225

AUTOMATIC PAYMENT PLAN AGREEMENT

CUSTOMER INFORMATION

UTILITY ACCOUNT NUMBER: _____ PHONE NUMBER: _____

NAME: _____

SERVICE ADDRESS: _____

FINANCIAL INSTITUTION INFORMATION

BANK NAME: _____

BANK ADDRESS: _____

BANK PHONE NUMBER: _____

TYPE OF ACCOUNT: (check one) _____ CHECKING _____ SAVINGS

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____
(9 digits)

Based on the above, I hereby authorize Lancaster Water & Sewer Department and the financial institution named above to initiate entries to my checking/savings account on the 20th of the month for payment of my monthly utility bills. This authorization will remain in effect until I terminate it, allowing reasonable time for Lancaster Water & Sewer Department and my bank to act. I have the right to stop payment on an individual entry or to have entries corrected by timely notification to my financial institution. **Lancaster Water & Sewer Department has the right to cancel this agreement for insufficient payments to my account and also has the right to disconnect per PSC Rules for insufficient funds and nonpayment.**

Customer Signature: _____ Date: _____

INCLUDE A VOIDED CHECK IF TRANSACTION IS TO BE DEDUCTED FROM A CHECKING ACCOUNT.

***final bills will not be automatically deducted from your account.