

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

**AUTOMATIC PAYMENT AGREEMENT**

**CUSTOMER INFORMATION**

UTILITY ACCOUNT NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

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**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 20<sup>th</sup> 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.