



# CLEAR LAKE SANITARY DISTRICT

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) authorize the Clear Lake Sanitary District to initiate debit entries to my (our) account indicated below and the depository to debit the same such account. This authority is to remain in full force and effect until written notification is provided by me (us) of its termination in such time and manner as to afford the Clear Lake Sanitary District the opportunity to cancel the transaction.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Full Name (please print) \_\_\_\_\_

CLSD Account # \_\_\_\_\_

Property Address: \_\_\_\_\_ Mailing Address If Different Than Property Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Account Type \_\_\_\_\_ Checking \_\_\_\_\_ Savings

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK OR WITHDRAWAL SLIP FOR THE ACCOUNT YOU WANT THE PAYMENT DEDUCTED FROM.**

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### FOR OFFICE USE ONLY

Bank #: \_\_\_\_\_

Transit/ABA #: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Employee Initials: \_\_\_\_\_

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Return Form To:  
Clear Lake Sanitary District  
P.O. Box 282, 5631 235<sup>th</sup> St.  
Clear Lake, IA 50428  
Phone: (641) 357-2019 E-Mail: [clsd@netins.net](mailto:clsd@netins.net)  
Website: [www.clearlakesd.org](http://www.clearlakesd.org)