

**LUBECK PUBLIC SERVICE DISTRICT  
ACH FORM**

I authorize Lubeck Public Service District, and the financial institution named below to initiate entries to my check/savings account. This authority will remain in effect until I notify the District in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution and Lubeck PSD three (3) before my account is charged.

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**LUBECK PSD CUSTOMER NAME – PLEASE PRINT**

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**LUBECK PSD CUSTOMER ADDRESS – PLEASE PRINT**

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**LUBECK PSD ACCOUNT NO.**

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**DAYTIME PHONE NUMBER**

**Attach Voided Check Here**

**SIGNATURE**

**DATE**

**FINANCIAL INSTITUTION ROUTING NUMBER** \_\_\_\_\_

**ACCOUNT NUMBER** \_\_\_\_\_ **CHECKING** \_\_\_\_\_ **SAVINGS**

\_\_\_\_\_

YOU MUST ATTACH AT **VOIDED CHECK** FROM THE ACCOUNT YOU WISH TO USE BEFORE WE CAN START THE PROCESS.