

**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.

LUBECK PSD CUSTOMER NAME – PLEASE PRINT

LUBECK PSD CUSTOMER ADDRESS – PLEASE PRINT

LUBECK PSD ACCOUNT NO. DAYTIME PHONE NUMBER

NAME OF FINANCIAL INSTITUTION

CITY STATE ZIP CODE

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.