

CANCEL ACH PAYMENT AUTHORIZATION (Direct Pay)

Account Name (Please Print)

Phone Number (Required)

Service Address (Please Print)

Email or Alternative Phone Number

I authorize *Lake Pewaukee Sanitary District* to cancel my ACH-Direct Payment for my sewer bill effective as of:

Effective Date

Lake Pewaukee Sanitary District must be notified in writing to cancel your ACH-Direct Payment, no later than 10 days prior to your account being charged to afford the financial institution a reasonable opportunity to act on it. Not doing so may result in a \$29.00 NSF fee in addition to any account balance.

If you have questions, please feel free to contact our office at 262-691-4485.

Signature

Date

Mail this form to:
Lake Pewaukee Sanitary District
PO Box 111
Pewaukee, WI 53072

or

Drop it off in person at:
Lake Pewaukee Sanitary District
N25 W27534 Oak Street
Pewaukee, WI 53072