



BASS LAKE CONSERVANCY DISTRICT
4450 E 450 S
KNOX, IN 46534
PH: 574-772-2974
FAX: 574-772-0575
EMAIL: info@basslakecd.in.gov

ELECTRONIC TRANSFER AUTHORIZATION FORM

Type of Authorization Form: **New Authorization** **Change** **Cancel**

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Cell: _____

Bass Lake Address _____ Acct#: _____

Please deduct my sewer fee from Checking Account (PROVIDE VOIDED CHECK):

Routing Number: _____ Account Number: _____

Month of First payment: ____/____/____ Frequency of Payment: **Once a month on 25th of each month**

<u>FUNDS AND AMOUNTS</u>	<u>TYPE</u>	<u>AMOUNT</u>	<u>FREQUENCY</u>
Standard Monthly Amount	Monthly bill	\$_____	
	Processing fee	\$__N/A__	
	Total	\$_____	Monthly

I authorize Bass Lake Conservancy District and Everwise to process debit entries to my account as indicated in this authorization. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ **Date:** _____

FOR OFFICE USE ONLY: Office Signature: _____ Date Processed: _____