



**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 25<sup>th</sup> of each month**

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

I authorize Bass Lake Conservancy District and Teachers Credit Union 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:** (customer/contributor ID) \_\_\_\_\_ **Date Processed:** \_\_\_\_\_

Effective Date of Authorization: \_\_\_\_\_