

Loch Alpine Sanitary Authority

Automatic Utility Payment Program Application (ACH)

With our FREE Automatic Bill Payment Program, you can have your Water and/or Sewer Bill automatically withdrawn from your bank account on the due date. Just complete and sign this form to get started!

Important Program Information:

- Please complete an application for each water and/or sewer account you intend to pay using the Automatic Bill Payment Program. Once enrolled in the program, you will still receive your statement in the mail indicating that the balance due will be withdrawn from your bank account on the due date.
- Applicant authorizes the Loch Alpine Sanitary Authority to withdraw water and/or sewer amounts due from the specified bank account for the service address below. Please do not use any other method of payment while enrolled in this program.
- If the Loch Alpine Sanitary Authority is unable to debit your bank account for the amount due because of non-sufficient funds (NSF), the Authority will charge your water and/or sewer account a \$30 NSF FEE. You will be responsible for all penalties accrued on the account. If the due date falls on a weekend or holiday, the ACH withdrawal will occur on the next business day.

I authorize the Loch Alpine Sanitary Authority to withdraw my Water and Sewer Utility payment from my bank account listed below on the due date stated on the bill.

Last Name (Please Print)

First Name (Please Print)

Mailing Address (Number and Street)

City

State

Zip

Phone Number

E-Mail Address

Water Account Number:

Property/Service Address:

Bank Name:

Select One:

Bank Routing Number:

Checking Account ____

Bank Account Number:

Savings Account ____

Please attach a voided check to this form. I have read the important program information above and agree to the terms. I also understand that **this authorization is in full effect until I submit a Cancellation Request Form which must be received by the Business Manager (lasabilling@lasawater.org) 14 days prior to the next due date.**

Authorized Signature: _____ Date: _____

**Mail completed application (with your voided check) to:
Loch Alpine Sanitary Authority @ 827 N Zeeb Rd Ann Arbor, MI 48103**

Please retain a copy of this form for your records. Questions? Call (888) 269-1059 or email lasabilling@lasawater.org