



# ***OAK LODGE SANITARY DISTRICT***

*Protecting our valuable water resources*

14611 SE River Rd, Milwaukie, OR 97267-1198  
Phone: 503-653-1653, Fax: 503-653-0586  
www.oaklodgesanitary.com

## **Auto Pay Information and Authorization Form**

**Effective January 1, 2007** you can pay your bill automatically with Oak Lodge Sanitary District – and it’s free.

Enroll now for our convenient automatic service and you may never write us another check!

With this service, the District will automatically debit your bank, savings and loan, or credit union account for the amount of your monthly service charges. Just think - No more checks, stamps or trips to the post office or to Oak Lodge Sanitary District. Your bill will be paid on time, even if you’re away or misplace your bill.

With automatic debit, you’ll have all the convenience of automatic payment with these other benefits:

- **You’ll still get a bi-monthly bill showing the date your monthly services charges were paid.**
- **You’ll have time to review the bill and call us if you have questions.**
- **You’ll be able to maintain control over your payment, even if you don’t write the check yourself. You may cancel this direct debit service at any time.**

**PLEASE NOTE:**

- **Automatic Payment not available for Final Bills. Final bills will be mailed to you and can be paid in cash, check, money order, Visa, or MasterCard.**
- **You are responsible for notifying the District if you move or change your account status for any reason.**
- **If at any time you decide to revoke this authorization, you MUST notify OLSD in writing.**
- **The District will withdraw funds directly from your bank account on the 15<sup>th</sup> of the billing month.**
- **There will be a \$25.00 NSF fee on all returned items.**

\*\*\*\*\* CUT ALONG THIS LINE\*\*\*\*\*

### **OLSD AUTO PAY AUTHORIZATION FORM**

**Please complete ALL sections and return this form along with a voided check (not deposit slip) to:  
Oak Lodge Sanitary District, 14611 SE River Road, Milwaukie, OR 97267.**

I (we) hereby authorize Oak Lodge Sanitary District to initiate debit entries to my account at the financial institution named below in order to pay my service charges.

**(PLEASE PRINT IN BLACK OR BLUE INK)**

Name (s) as shown on bill: \_\_\_\_\_

OLSD Account Number: \_\_\_\_\_ Today’s Date: \_\_\_\_\_

Service Location: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

Account Information: (Bank, Savings & Loan, Credit Union)

Financial Institution: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

or

Savings Account Number: \_\_\_\_\_

Signature (s): \_\_\_\_\_

THANK YOU