# Spring Creek/Cow Creek Sanitary District

## Authorization for Direct Payment

I authorize Spring Creek/Cow Creek Sanitary District and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three days before my account is charged.

*The monthly billing amount will be deducted from the following account around the 20th of each month. Anderson Nill & Associates billing service will send you a copy of the bill with the notation "A/W" (automatic withdrawal) below the billing name & address.*

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Printed Name Phone Number

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Mailing Address Property Address

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City, State, and Zip Code Email Address

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Signature Date

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Name of Financial Institution

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Account Number Checking or Savings?

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Financial Institution Routing Number (between these symbols ⑈: ⑈: on the bottom left of your check)

*Mail this form to:*

*Anderson Nill & Associates, Inc.*
*Attn: Hannah Anderson*
*1517 N Harrison Ave.*
*Pierre, SD 57501*
*Or FAX 605-224-0438*
*Or email to admin.ana@midconetwork.com*