

**HOBART SANITARY DISTRICT  
AUTOMATIC BILL PAYMENT (ACH) ENROLLMENT FORM**

(Please Print)

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Name as Shown on your bill HSD Account No.

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Your Phone Number

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Address as Shown on your bill City State Zip

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Name of Financial Institution Branch

Please deduct my Automatic Bill Payment (ACH) from my:

Checking Account # \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

OR:

Savings Account # \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

I (we) hereby authorize the Hobart Sanitary District to initiate debit entries to my (our) account on the 5<sup>th</sup> of the months that the bills are due. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authority will remain in effect until I notify the Hobart Sanitary District in writing 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 the Hobart Sanitary District five (5) days before my account is charged.

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(Signature)

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(Date)

\*\*\* You Must Attach a VOIDED CHECK or a VOIDED DEPOSIT SLIP to this form. \*\*\*

Completed form with attachments to be submitted to:  
Hobart Sanitary District Payment Center, 705 E. 4th Street, Hobart, IN 46342  
(219) 942-3516