

Automatic Bill Payment Enrollment Form
(Please Print)

Customer Name: _____ Daytime Phone: _____

Mailing Address: _____ City: _____ State: ____ Zip: _____

New Sign up Change (Checking Account)

Kegonsa Sanitary District Account Number: _____

I would like my Quarterly Invoice emailed to me, email address _____

I hereby authorize the Kegonsa Sanitary District to charge my checking account quarterly for sewer user charges until further notice.

Signature: _____ Date: _____

You must include a **voided check** so that we can record the correct banking information. Please return this form to the District office:

Questions?
Please call Cindy Lehr, KSD Clerk
873-0230 or 1-800-474-0230 MWTF 8:00 a.m. to noon
Kegonsa Sanitary District, P.O. Box 486, 2240 US Highway 51, Stoughton, WI 53589