

Office Use Only:	Date Entered: _____
Lot #: _____	Pre-Note Date: _____

LEXINGTON NORTH SHORES MOBILE HOME PARK
DISCONTINUE AUTOPAY
AUTOMATIC FUNDS TRANSFER
FOR RENT/WATER/SEWER/GARBAGE PAYMENTS

Customer Name _____ Phone _____

Mailing Address _____

City/State _____ Zip _____

Service Address 5203 MAIN STREET LOT # _____

I hereby authorize the Village of Lexington to discontinue my autopay for rent & utilities. The authorization of termination must be received at least five days before the next regular billing date.

Financial Institution Name _____

Account# _____ Checking _____ Savings _____

ABA/Transit # _____
(first nine numbers on the bottom encoded line of the check or withdrawal slip)

Print Name _____ Date _____

*Signature _____

Second Signature on Account (if applicable) _____

VILLAGE OF LEXINGTON
7227 HURON AVE SUITE #100
LEXINGTON, MI 48450