



# LAKE PLACID VILLAGE, INC.

2693 MAIN STREET · LAKE PLACID, NEW YORK 12946 · PHONE 518-523-2597 EXT. 130

billingoffice@villageoflakeplacid.ny.gov

**PLEASE PRINT CLEARLY**

Account Holder Name(s): \_\_\_\_\_

Utility Physical Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Bank Account Number: \_\_\_\_\_ Account Type: \_\_\_\_ Checking \_\_\_\_ Savings

Bank Phone Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_

**A VOIDED CHECK MUST BE PROVIDED TO ENSURE THE ACCURACY OF ACCOUNT INFORMATION**

**LIST ONLY THE UTILITY ACCOUNT NUMBERS YOU WANT PROCESSED WITH  
AUTOMATIC WITHDRAWALS**

Electric:

Water-Sewer:

*I authorize Lake Placid Village, Inc. to process automatic withdrawals from the bank account shown for the utility accounts listed. I acknowledge that if my payment is rejected by my bank, my account will be charged a \$25.00 fee and understand my bank may impose a fee as well.*

Account Holder #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Holder #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Bank drafts will be processed between the 8th and 11th of each month.**

*This service is not available for funds drawn on Canadian or other foreign banks.*

*This service can be canceled or modified at any time by submitting a completed EFT Change Form.*

**(Forms can be found at: [www.villageoflakeplacid.ny.gov](http://www.villageoflakeplacid.ny.gov))**

**OFFICE USE ONLY:**

Date Received \_\_\_\_\_ Date Entered \_\_\_\_\_ Entered By \_\_\_\_\_