



LAKE PLACID VILLAGE, INC.

2693 MAIN STREET · LAKE PLACID, NEW YORK 12946 · PHONE 518-523-2597 EXT. 130
billingoffice@villageoflakeplacid.ny.gov

Bank Draft Change Form

PLEASE PRINT CLEARLY

Account Holder Name(s): _____

Utility Physical Address: _____

Billing Address: _____

Phone: _____

Email: _____

PLEASE CHECK ONE

_____ I want to cancel automatic bank drafts for all of my utility accounts.

_____ I want to add/delete the following utility accounts from my automatic bank drafts:

_____ I want to change the bank account information for making automatic bank drafts.

I understand this change applies only to those accounts to which I previously requested.

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
IF YOU ARE CHANGING YOUR BANKING INFORMATION**

I authorize the Village to process the changes indicated above. I understand that the changes submitted will take effect in the next billing cycle. If my payment is rejected by my bank, I acknowledge my account will be charged a \$25 fee in addition to any fees my bank will charge..

Account Holder #1 Signature: _____ Date: _____

OFFICE USE ONLY:

Date Received _____ Date Entered _____ Entered By _____