



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)

OFFICE USE ONLY:

Date Received _____ Date Entered _____ Entered By _____