

AUTOMATED PAYMENT SIGN UP SHEET

- 1). Complete the Contact Information requested below (please print).

Name _____

Service Address _____

Cottrellville Township, Michigan, 48039

Billing Account Number _____

Daytime Phone Number _____

E-mail Address _____

- 2). Provide your signature for authorization:

I authorize Cottrellville Township to deduct my water/sewer bill payment from the checking or savings account listed below on the 23rd of the month the bill is due. I understand that all information will remain confidential.

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

Signature _____ Date _____

- 3). Provide the required financial information below:

To assure the correct account number is used for this electronic payment and to obtain the ABA/Routing Number, PLEASE PROVIDE A VOIDED CHECK OR TICKET for our file.

Name of Financial Institution _____

Address of Financial Institution _____

City, State & Zip Code _____

Contact Person at Financial Institution & Phone Number _____

ABA/Routing Number _____

Account # _____

Checking Account _____ **Savings Account** _____

Please check off which account you will be using.

Please return form to: COTTRELLVILLE TOWNSHIP, 7008 Marsh Road, Cottrellville, MI 48039
or fax to: (810) 765-2203