

**GAINES CHARTER TOWNSHIP AUTHORIZATION AND ENROLLMENT FOR AUTOMATIC FUNDS
TRANSFER**

Name _____

Phone _____ Account # _____

Mailing Address _____

City _____, MI Zip Code _____

Service Address _____

I hereby authorize the Charter Township of Gaines to automatically withdraw from my account identified below the total amount due on my billing statement for water and sewage usage. I authorize the Financial Institution named below to accept such transactions initiated by the Charter Township of Gaines. Withdrawals shall be made from my account on the 20th day of the month due. Maximum amount drawn for residential customers will not exceed \$500.00. Maximum amount for commercial residents shall not exceed \$5,000.00.

This authorization is to remain in effect until the Charter Township of Gaines has received written notification from me of termination at least five (5) business days before the next transaction date. Attached is a VOIDED check or savings withdrawal form.

Financial Institution Name _____

Financial Institution Phone _____

ABA Routing Number _____

Checking _____ Savings _____ Account Number _____

Print Name of Account _____

Effective Date _____ Signature _____