

# GAINES CHARTER

## TOWNSHIP

### Water & Sewer Authorization and Enrollment Form Automatic Funds Transfer

Name \_\_\_\_\_

Phone \_\_\_\_\_ Account Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Service Address (if different than above) \_\_\_\_\_

I hereby authorize Gaines Charter Township to automatically withdraw the total amount due on my quarterly water and sewer bill from the account identified below. I authorize the Financial Institution named below to accept such transactions initiated by Gaines Charter Township. Withdrawals shall be made from my account around the 20<sup>th</sup> of the month payment is due.

This authorization is to remain in effect until Gaines Charter Township has received written notification of termination from me at least five (5) business days before the next regular transaction date. **Attached is a voided check or account statement as proof of account ownership.**

Financial Institution Name \_\_\_\_\_

ABA Routing Number \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_ Account Number \_\_\_\_\_

Print Name on Account \_\_\_\_\_

Signature of Account Holder \_\_\_\_\_

Date Signed \_\_\_\_\_

Date approved & input by: