GAINES CHARTER TOWNSHIP
Gain More.

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 20th 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. Please note that ACH transmission will not apply to final utility bills. The Township reserves the right to deny or terminate notice of ACH transmission without reason, at any time. **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_____

(Office use only) Date approved & input by: _____