

Sylvan Township Water and Sewer Authority
18027 W. Old U.S. 12, Chelsea, Michigan 48118

AUTOMATIC PAYMENT SIGN UP SHEET

If you wish to have your Sewer/Water bill automatically deducted from checking or savings account, please complete this form and return. Your participation in this program will help save time, reduce costs, and avoid late fees.

BANK NAME: _____

BANK ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE: Checking Savings (PLEASE CIRCLE ONE)

BANK INFORMATION WILL BE DESTROYED AFTER VERIFICATION

NAME: _____

SERVICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

START DATE: Please circle the billing date to begin charges.

January 1, 201__

April 1, 201__

July 1, 201__

October 1, 201__

I, (print name) _____ authorize the Sylvan Township Water and Sewer Authority to directly charge my account at the above listed bank.

Signature: _____ Date: _____

PLEASE INCLUDE A VOIDED CHECK WITH THIS FORM. For security, your voided check and account information will be destroyed after verification. Only your signature will be kept on file.

If you have any questions, please call 734-475-8890 x112

e-mail: mjurosek@sylvan-township.org