

Sylvan Township Water and Sewer Authority  
18027 Old U.S Highway 12  
Chelsea, MI 48118

Voice 734.475.8890 ext112  
Email accountant@sylvantownshipmi.gov

## AUTOMATIC PAYMENT AUTHORIZATION FORM

I hereby authorize the Sylvan Township Water & Sewer Authority (STWSA) to initiate debit entries from my account indicated below, for the payment of the amount listed on my quarterly utility bill (sewer and /or water). I also authorize Sylvan Township Water & Sewer Authority or Chelseas State Bank to reverse any debits made to such account in error. This authorization is to remain in effect until the Sylvan Township Water & Sewer Authority has received a notice from me of its termination in such time and in such manner as to allow STWSA and Chelsea State Bank a reasonable opportunity to act upon the request.

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_, Chelsea, MI48118

Mailing Address for Bill (if different from service address)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Acct. Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Saving

Check One:

\_\_\_ I am a new customer, withdraw my payment from the account provided.

\_\_\_ I am an existing customer, change my payment method to the account provided.

\_\_\_ CANCEL/STOP my authorization for my payment.

You will receive a statement on your bill indicating you do not have to pay.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach voided check here. (Deposits slips are not accepted).

