

Pre-Authorized Payment Agreement

I (we) hereby authorize Charter Township of AuSable Water Department, hereinafter called "the Company", to initiate debit entries to my (our) Checking/Savings account, at the Financial Institution indicated below, for water service at:

_____ Account Number: _____
(Service Address) (4-Digit #)

Financial Institution (receiving the debit) (Date of Debit - 20th of each month)

Name: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Type of account: Checking _____
Savings _____

Routing Number: _____

Amount of Debit: _____ Account Balance (varies with monthly billing)
_____ Other (specify) _____

Current e-mail & phone number _____

Please have your bank or credit union complete the attached routing number/account number verification form and return along with your completed application.

This authority is to remain in effect until "the Company" and the Financial Institution have received written notification from me (us) to terminate the automatic debit, and allowed a reasonable opportunity to act upon the request to terminate.

Print Name: _____

Signature: _____ Date: _____

Cancellation of Direct Debit

I/We _____ wish to cancel the direct debit on account number _____ as of _____.

Signature Date

Signature Date