

# WATER AND SEWER DEPT

## AUTHORIZATION AND ENROLLMENT FORM FOR AUTOMATIC FUNDS TRANSFER

Name \_\_\_\_\_

Phone \_\_\_\_\_ Utility Bill Account # \_\_\_\_\_

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

Service Address \_\_\_\_\_

I hereby authorize Byron Township to automatically withdraw from my account identified below the total amount due on my quarterly water and sewer bill. I authorize the Financial Institution named below to accept such transactions initiated by Byron Township. Withdrawals shall be made from my account on the 20<sup>th</sup> day of the month due. Maximum amount drawn for residential customers will not exceed \$500.00. Maximum amount drawn for commercial customers will not exceed \$5000.00.

This authorization is to remain in effect until Byron 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 savings withdrawal form.

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

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

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

Effective date \_\_\_\_\_ /20/200 \_\_\_\_\_

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

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

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