



**AUTOMATIC WITHDRAWAL (ACH) ENROLLMENT FORM
UTILITY PAYMENTS**

Owner Name _____

Mailing Address _____

City/State/Zip _____

Phone Number _____

Account # _____ Cycle _____

Service Address _____

BANK ACCOUNT INFORMATION

Bank Name _____

Routing Number _____

Account Number _____

Bank Account Type _____ CHECKING _____ SAVINGS

(Please attach a voided check)

Withdrawals shall be made from the account on the 1st day of the month the bill is due.

I hereby authorize the Fort Gratiot Township Treasurer to automatically withdraw from my account identified above, the total amount due on my quarterly utility bills. I authorize the Financial Institution named above to accept such transactions initiated by Fort Gratiot Township. I understand that I can discontinue this payment service at any time by notifying the Fort Gratiot Township Treasurer in writing, 15 days prior to the electronic payment date. I understand that any electronic payments not honored will be charged a \$25 returned item fee.

SIGNATURE _____ DATE _____