8288 South Pleasantview Road
Harbor Springs, Michigan 49740

Phone: 231-526-0351
Fax: 231-526-0352
e-mail: office@littletraversetownship.org

ACH DEBIT AUTHORIZATION AGREEMENT

Customer Name: _____

Mailing Address: _____

Service Address: _____

Utility Account Number: 0000000_____

Utility Account Number: 0000000_____

I (we) hereby authorize Little Traverse Township to initiate debit entries to my (our):

_____ Checking Account. or _____ Savings Account.

This will be debited to pay the quarterly water and/or sewer charges billed by Little Traverse Township.

Indicated below at the depository financial institution (the Depository) named below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

Name(s) on Account: _____

Bank Name: _____

City: _____ State: _____ Zip: _____

Routing #: _____ Account #: _____

This authorization is to remain in full force and effect until Little Traverse Township has received written notification from the Customer of its termination in such time and in such manner as to afford the Township and Depository a reasonable opportunity to act on it.

_____ ____-____-____ _____

Customer Signature Date Sarah Krupa, Deputy Treasurer

(_____) - _____ - _____ _____

Contact Telephone Number Email Address