8288 South Pleasantview Road
Harbor Springs, Michigan 49740

Phone: 231-526-0351

e-mail: office@littletraversetownship.org

ACH DEBIT AUTHORIZATION AGREEMENT FOR WATER\SEWER

(Please Print Clearly, Thank You!)

Customer Name: _____

Service Address: _____
and
Mailing 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. All of this information needs to be filled out.

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.

_____ ___-___-20___ _____
Customer Signature Date Sarah Krupa, Deputy Treasurer

_____ (_____)_____-_____
Email (required) Phone (required)

All ACH Accounts will be sent an email as a reminder of the upcoming debit from their bank account on file.

Please return this form via email or US mail. (Email and mailing addresses are above.) If received 10 days prior to the next billing cycle your ACH Debit payment will take affect the next quarterly billing cycle. If you have any questions please call the number above. Thank You!