

UTILITY BILLING
Frenchtown Charter Township

DIRECT DEBIT AUTHORIZATION AGREEMENT

- Please type or print legibly in black ink.
- Check the correct box to indicate whether this is a new application or a change.
- **Attach a voided check to the completed application**

New Change

Name:		
Address:	Parcel Number:	
City:	State:	Zip:
E-mail Address:		Phone:

I hereby authorize Frenchtown Township to debit my Checking Account or Savings Account at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. Frenchtown Township and I agree to abide by all applicable ACH operating rules.

I understand that should the electronic debit to my account be returned for any reason, I must pay my bill with cash, money order or official check at the township hall along with a check handling fee of \$30.00.

Financial Institution Name:	
Address:	Phone Number: ()
Bank Transit & Routing Number:	Account Number:
Name as it appears on the bank account:	
The total amount of your water bill will be debited from your account by the due date.	

This agreement is to remain in full force and effect until Frenchtown Township has received written notification from me, or I have received written notification from Frenchtown Township of its termination so as to afford the interested parties a reasonable time to act on it.

Signature

Date