

Automatic Checking/Savings Payment Authorization

For Residential Water/Sewer Payments to New Buffalo Township

I hereby authorize **New Buffalo Township** to initiate debit entries to my account indicated below and the financial institution named below. I also authorize **New Buffalo Township** to make adjustments from this account in the event that an entry is made in error. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. law. I request the debit entries to occur in the following manner:

Withdraw every other Month, on the 20th day of the month (January, March, May, July, September, November)

Homeowner's Name: _____

New Buffalo Township Service Address: _____

City, State, ZIP: _____ Phone Number: _____

Email address (to receive bill and payment information): _____

Financial Institution Name : _____

Routing number (9 digits): _____

Account number: _____

Account type: Checking Savings

I understand that by signing up for this service, I will receive my utility bill via e-mail and I will no longer receive a paper bill.

This authority is to remain in full force and effective until **New Buffalo Township** receives written notification from me of its termination in such time and in such manner as to afford **New Buffalo Township** and financial institution a reasonable opportunity to act on it.

Cancellation of ACH debit requires a minimum of 30 days notice.

Homeowner's Signature _____ Date _____

Please return this form along with a voided check to:

**New Buffalo Township
17425 Red Arrow Hwy.
New Buffalo, MI 49117**