

Before turning in your Auto Pay Enrollment form, you MUST ATTACH A CHECK MARKED VOID AND SIGN THE ENROLLMENT FORM.

Enrollment into the Auto
Pay Program cannot be
completed without a voided
check and your signature on
the enrollment form.

Canton Township

Water Bill **Auto Pay** Enrollment Form



In response to many requests from customers like you, we are happy to offer a payment option that will automatically pay your water and sewer bill from your checking or savings account. Simply complete the attached enrollment form, detach and return with a voided check to:

Canton Township Water Billing PO Box 87680 Canton, MI 48187

It's that easy!

Please allow 30 days for enrollment to or termination from the Auto Pay Program.

Canton Township Auto Pay Enrollment Form

I authorize Canton Township and my financial institution to automatically deduct my water/ sewer payment from the checking or savings account listed below. I understand that either party can cancel, in writing, at any time. I must notify the Township in writing to terminate this authorization at any time.

Utility Account Number:
Name on Account:
ervice Address:
Name of Financial Institution:
Sank Account Number:
Couting and Transit Number:
account Type (select one): SavingsChecking
MPORTANT NOTE: To ensure proper account information, you MUST attach a CHECK marked VOID. In nrollment cannot be completed without your ignature below: Account Holder Signature:
Oate:
Daytime Phone Number:

Auto Pay Authorization Agreement

On
DATE
I authorized Canton Township to initiate
entries to my account at the financial
institution named on the Auto Pay enrollment
form. I further authorized that financial
institution to charge my account for those
entries on the bill due date.
entries on the bill due date.
I understand that this authorization
will remain in effect until terminated in
writing by me, by Canton Township, or
my financial institution. I understand the
Township reserves the right to terminate my
,
participation in the Auto Pay Program if my
payment is rejected more than once in a
six month period. I will continue to pay my
bill in the usual manner until it indicates on
my bill that the payment will be deducted
automatically. The payment options I have
chosen are recorded below:
Account Type (select one):
Savings Checking

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