

AUTOMATIC PAYMENT SIGN UP SHEET

Name: _____

Mailing Address: _____

Phone number _____

Service Address: _____

Attach voided check for account verification. If you elect a savings account deduction, you must have your financial institution provide us with verification of your routing and account number.

Account Type: Checking / Savings Start Date: _____

Bank Name: _____

Routing Number _____ Account Number _____

Savings Account Only: Financial institution representative signature required verifying the account information

Financial Representative Signature Date

By signing below you authorize Crystal Falls Township to make a once per month electronic debit withdrawal from the account indicated above for utility bill payment. The amount due will be deducted from your account on the ____ day of each month.

This authorization must be cancelled in writing to Crystal Falls Township.

Signature Date