

ELECTRONIC WITHDRAWAL REQUEST BROWNSTOWN WATER BILLING ONLY

Upon receipt of this fully completed and signed form you will be authorizing Brownstown DPW to electronically withdrawal your water bill payment from either a checking or savings account. Once enrollment is processed your water bill will show the following information **“ELECTRONIC PAYMENT – DO NOT PAY”**. The amount due on your bill will be deducted on the billing due date indicated.

PLEASE PRINT

Name (must be same name(s) as on water account)

Service Address: _____

Water Account # _____

City _____ **State** _____ **Zip** _____

Home: () _____ **Cell:** () _____

Provide your signature for authorization: I authorize the Brownstown DPW to deduct my water bill payment(s) from the checking and/or savings account listed. I understand if at any time I decide to discontinue this payment service or change account information I **will notify Brownstown DPW in writing**. I fully understand funds must be available on the due date and that I am responsible for any fees associated with non-sufficient funds. More than two non-sufficient fund notices in a twelve month period will result in removal from auto payment. All information will remain confidential.

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

(SIGNATURE)

DATE

Provide the required financial information below: To ensure the correct account number and correct ABA/routing number to be used submit a voided check or contact your financial institution for assistance.

Name of Financial Institution: _____

ABA/Routing Number: _____

Checking Account Number: _____

Savings Account Number: _____

Any questions please call 734-675-4000 during regular working hours 8:00 am – 4:25 pm or send email to: pattyv@brownstown-mi.org