DELTA
TOWNSHIP

ENROLLMENT FORM FOR ELECTRONIC PAYMENT
DELTA CHARTER TOWNSHIP UTLITY BILLS

Telephone (517) 323-8510 Fax (517) 323-8508

Account Information:

Account Name _____

Service Address _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Daytime Phone (_____)_____ Acct. No. _____

Financial Institution Information:

Bank Name _____ Checking ____ Savings____

Routing No. ___ ___ ___ ___ ___ ___ ___ ___ ___ Acct. No. _____

To ensure the accuracy of information required for electronic payment, please enclose one of your voided checks (or clear photo copy), indicating the type of account – checking or savings. The check should show the name of your financial institution, the ABA/routing number, and your account number.

Your Signature of Authorization:

I authorize Delta Charter Township to deduct my payment from the checking or savings account indicated above. I understand that I control my payment and if at anytime I decide to discontinue this payment service, I will notify Delta Charter Township.

Furthermore, I understand that Delta Charter Township may discontinue this service at anytime and that penalties apply if the account has insufficient funds on the due date.

Your Signature Is Required

Signature _____ Date _____

Note: Forms must be received by the 15th of the month to be effective for payment of the following month's bill.

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