



DELTA CHARTER TOWNSHIP

Authorization for Automatic Payment of Utility Bills

Utility Account Information:

Account Name _____ Utility Acct. No. _____

Service Address _____ Daytime Phone (____) _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Go Paperless!!! Email Address _____ *(optional)*

Financial Institution Information:

Bank Name _____ Checking Savings

Routing No. _____ Bank Acct. No. _____

Please attach a voided check

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.

I authorize Delta Charter Township to email my monthly utility bill(s) to the email address indicated above. The monthly utility bill is the **only** statement that will be emailed. I understand that I will no longer receive a printed utility bill. I will notify Delta Charter Township if I wish to receive a printed utility bill again. Failure to receive electronic bill does not entitle customer to discount.

Customers utilizing paperless billing will no longer receive utility bill inserts. Please check our website for updated information at www.deltami.gov.

Your signature is required. *Please note: Forms must be received by the 15th of the month to be effective for payment of the following month's bill.*

Signature _____

Date _____