

**DeWitt Charter Township  
Sewer Automatic Payment Authorization Form**

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Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

DeWitt, 48820            or            Lansing, 48906

Phone: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type: Checking    or    Savings

Start Date: \_\_\_\_\_

I hereby authorize DeWitt Charter Township to withdraw sewer payments from the above-stated bank. This authorization is to remain in full force until DeWitt Charter Township has received written notification from me of its termination, with a minimum of 5 business days prior to the termination effective date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A bill will be sent to you each quarter stating the amount that will be withdrawn. Payment will be withdrawn on the 10<sup>th</sup> of the following months: January, April, July and October (or, in the event of weekend/holiday, the next business day).

Notes: \_\_\_\_\_

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