



DeWitt Charter Township
Sewer Automatic Payment
Authorization Form

Account Number: _____

Name: _____

Service Address: _____

DeWitt, 48820 or Lansing, 48906

Phone: _____ E-Mail _____

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A bill will be sent to you each quarter stating the amount that will be withdrawn. Payment will be withdrawn on the 10th of the following months: January, April, July and October (or, in the event of weekend/holiday, the next business day).

Notes: _____

Sign this account up for e-bill to e-mail address above: yes no