



**LAKETON TOWNSHIP SEWER DEPARTMENT
AUTOMATIC BILL PAYMENT FORM
(231) 744-2454**

To sign up for the automatic bill payment service, please complete this form and return it with a voided check (checking account) or deposit slip (savings account) to:
Laketon Township Sewer Department, 2735 W. Giles Road, Muskegon, MI 49445.

Name on Sewer Bill: _____ Phone #: _____

Sewer Account #: _____

Service Address: _____

E-mail Address: _____

Bank/CU Account Holder Name: _____

Bank/CU Name: _____

Bank/CU Routing Number: _____

Checking Account #: _____ (attach a VOIDED check)

(OR)

Savings Account #: _____ (attach a deposit slip)

I (printed name of checking/saving account holder), _____ authorize Laketon Township to automatically withdraw from the designated checking or savings account listed above and post the amount to my sewer account. Payments will be equal to the amount shown on the sewer bill. Adjusting entries to correct errors are also authorized. This authorization will remain in effect until written notice of termination is given to the Laketon Township Sewer Department. A non-sufficient funds charge of \$30 will be applied to your sewer account if Laketon Township attempts to debit your account and the funds are not available on the dates listed below.

All sewer payments will be automatically withdrawn from your account on the 20th of each billing month (January, April, July & October). If the 20th of the month falls on a weekend or holiday, the payment will be withdrawn on the next business day.

Please notify the sewer department when you wish to discontinue this service at least 5 days prior to withdraw.

Authorized Signature: _____ Date: _____

OFFICE USE ONLY:

Date Received: _____

Date of Cancellation: _____

Date Entered: _____

Account Holder Signature: _____

Date of first withdrawal: _____

Township Authorized Signature: _____

Twp. Authorized Initials: _____