



# AUTOMATIC BILL PAYMENT ENROLLMENT FORM

Never pay a late fee on your sewer bills again! Have the balance owed automatically deducted from your checking or savings account on the 20<sup>th</sup> day of the month that each quarterly payment is due (January, April, July, and October).

I hereby authorize Oxford Township to initiate debit entries and to initiate, if necessary, credit entries from/to the checking or savings account listed below. I understand that I control my outstanding Sewer payments. If, at any time, I decide to discontinue this service, I will notify the Township in writing (minimum 2 weeks prior to debit date) giving reasonable opportunity to act on it. In the event that a new owner files a Property Transfer Affidavit, I understand and acknowledge that the ACH transaction will automatically cease. I acknowledge and agree that a NSF fee of \$20.00 shall be charged in the event funds are insufficient to pay the full amount due at the time of withdrawal. The withdrawals and adjustments authorized hereunder will be made electronically and under the Rules of Michigan Automated Clearing House Association (MACHA). If the Township receives two (2) non-sufficient fund notices from the bank in any twelve (12) month period, the customer will be notified by the Township of the NSF notices and the account will be removed from the automatic bill payment process for paying Township Sewer bills.

Name (as shown on your bill): \_\_\_\_\_

Account Number (as shown on your bill): \_\_\_\_\_

Service address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

Daytime Phone #'s \_\_\_\_\_ / \_\_\_\_\_

Day of deduction: \_\_\_\_\_ 20<sup>th</sup> \_\_\_\_\_

## **THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE**

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

Signature (\*): \_\_\_\_\_ Date: \_\_\_\_\_

(\* Two signatures required for joint accounts.

Name of Financial Institution: \_\_\_\_\_

ABA/Routing Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ (9 digits on the bottom of check)

To ensure the correct account number and ABA/Routing numbers are used for this electronic payment, please contact your financial institution.

Checking account #: \_\_\_\_\_

( OR )

Savings Account #: \_\_\_\_\_