## **Charter Township of Augusta**

## Automatic Water and/or Sewer Bill Payment Program Application

With our FREE Automatic Bill Payment Program, you can have your Water and/or Sewer Bill automatically withdrawn from your bank account on the due date. Just complete and sign this form to get started!

## **Important Program Information:**

Please retain a copy of this form for your records.

Questions? Call (734) 461-6117

- Please complete an application for each water and/or sewer account you intend to pay using the Automatic Bill Payment Program. Once enrolled in the program, you will still receive your statement in the mail indicating that the balance due will be withdrawn from your bank account on the due date.
- Applicant authorizes the Township to withdraw water and/or sewer amounts due from the specified bank
  account for the service address below. Please do not use any other method of payment while enrolled in this
  program.
- If the Charter Township of Augusta is unable to debit your bank account for the amount due because of non-sufficient funds (NSF), the Township will charge your water and/or sewer account a \$30 NSF FEE. You will be responsible for all penalties accrued on the account. If the due date falls on a weekend or holiday, the ACH withdrawal will occur on the next business day.

| I authorize the Charter Township of Augusta to withdraw my Water and/or Sewer Bill from my bank account listed below on the due date stated on the bill. |  |
|--|--|
|  |  |
| Last Name (Please Print)   | First Name (Please Print)  |
| Mailing Address (Number and Street)  | City State Zip   |
| Phone Number   | E-Mail Address   |
| Water Account Number:  |  |
| Property/Service Address:  |  |
| Bank Name:   | Select One:  |
| Bank Routing Number:   | Checking Account   |
| Bank Account Number:   | Savings Account  |
| Please attach a voided check to this form. I h   | ave read the important program information above and agree to the          |
| terms. I also understand that this authorization   | on is in full effect until I submit a Cancellation Request Form which must |
| be received by the Treasurer's Office 14 days  | prior to the next due date.  |
| Authorized Signature:  | Date:  |
| Mail completed applications to:  |  |
| Charter Township of Augusta, Attn: Treasurer   | , P O Box 100, Whittaker, MI 48190-0100                                    |