Tittabawassee Township
145 S. Second St.
P.O. Box 158
Freeland, MI 48623-0158

AUTHORIZATION FOR AUTOMATIC BILL PAYMENT WITHDRAWAL

Utility Billing Acct. #: _____

Property Address: _____

I hereby authorize Tittabawassee Township to make quarterly withdrawals from my account at the financial institution identified below for payment of my utility billing account at Tittabawassee Township, and authorize my financial institution to charge such withdrawals to my listed account.

Such withdrawals shall be for the total amount due on the account listed above and shall be payable quarterly on the **3rd day of the month in which the bill is due.** *(Withdrawals shall be made on the next business day in the event the 3rd day of the month falls on a weekend.)* I hereby acknowledge and agree that a $25.00 NSF fee shall be charged in the event funds are insufficient to pay the full amount 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. This authorization will remain in effect until written notice of termination is given to Tittabawassee Township. I acknowledge receipt of a signed copy of this Authorization.

Account Type

☐ Checking

☐ Savings

Name of Financial Institution | Bank ABARouting No. | Account No. to Debit

Name of Authorizing Party | Address | City | State | Zip Code

Signature of Authorizing Party | Date