

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

AUTHORIZATION FOR AU	JTOMATIC BILL PA	YMENT WITH	DRAWAL
Utility Billing Acct. #: Property Address:	· · · · · · · · · · · · · · · · · · ·		
I hereby authorize Tittabawassee Tow the financial institution identified Tittabawassee Township, and authorize my listed account.	below for payment of	of my utility bi	illing account a
Such withdrawals shall be for the tot payable quarterly on the 3rd day of the made on the next business day in the exacknowledge and agree that a \$30.00 N to pay the full amount at the time of with	ne month in which the vent the 3rd day of the r NSF fee shall be charged	e bill is due. (With month falls on a w	hdrawals shall be veekend.) I hereby
The withdrawals and adjustments author Rules of Michigan Automated Clearing effect until written notice of terminating receipt of a signed copy of this Authority	ng House Association. Ion is given to Tittaba	This authorization	on will remain ir
PLEASE PRINT CLEARLY			Account Type
			☐ Checking
			☐ Savings
Name of Financial Institution	Bank ABARouting No.	Accou	nt No. to Debit
Name of Authorizing Party			Phone No.
Address	City	State	Zip Code
Signature of Authorizing Party			Date