

ACH AUTHORIZATION FORM
Contact Information

Name _____

Address _____

City/ State/Zip _____

Home Phone _____ Cell Phone _____

Service Address _____

Water Acct. Number _____

Provide your signature for authorization of automatic bill payment.

I authorize the Charter Township of Huron to deduct my payments from the checking or savings account listed below. Adjusting entries to correct erroneous items are also authorized. This authorization will remain in effect until a written notice of termination is given to the Charter Township of Huron. I also understand that all information will remain confidential.

Signature _____ Date _____

Provide required financial information below:

To ensure the correct account number is used for this electronic payment, please attach a voided check or printed savings account slip for confirmation of account number.

ABA/Routing # _____

Checking Acct. # _____ Savings Acct. # _____

Financial Institution _____

When ACH payment is in effect, a paper bill will be sent denoting (ACH PMT. DO NOT PAY.)

PAYMENTS WILL BE DEDUCTED FROM YOUR ACCOUNT ON THE DUE DATE

If you have any questions on this program, please contact us
734-753-9376 Monday - Friday 7:30 a.m. to 4:30 p.m.

ATTACH VOIDED CHECK HERE