



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 20th 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 4 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 \$20.00 returned debit fee shall be charged in the event funds are denied 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): _____

Daytime Phone #'s _____ / _____

Day of deduction: 20th

Enrollment form MUST be received by the 20th of the prior month in order for the debit to take

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE(S)

Signature: _____ Date: _____

Signature (*): _____ Date: _____

(* Two signatures required for joint accounts.

Name of Financial Institution: _____

ABA/Routing Number _____ (9 digits on the bottom left of the 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 #: _____