

CHIKAMING TOWNSHIP

13535 Red Arrow Highway. P.O. Box 40, Harbert MI, 49115

269.469.1676 phone 269.469.4416 fax www.chikamingtownship.org



AUTHORIZATION FOR Withdrawals (ACH Debits)

I hereby authorize Chikaming Township to make withdrawals from the account identified below for the purpose indicated and authorize the Financial Institution to charge such withdrawals to my listed account.

Purpose: Chikaming Township Water and Sewer bill

Name of Financial Institution: _____

Routing Number (9 digits): _____

Account Number: _____

Type of account (check one) Checking account Savings Account

Authorizing Party

Name: _____

Service Address: _____

Signature: _____

Date: _____ / _____ / _____

Please attach a voided check to this form.

Note: Cancellation of this ACH Debit requires a minimum of 30 days' notice.