



249 N. Miller Road
Saginaw, Michigan 48609

Office (989) 781-0150
Fax (989) 781-0290

Utility Bill Direct Debit Payment Authorization

I authorize the Township of Thomas to initiate direct debit entries equal to the amount of my water/sewer bill on the designated due date to my account at:

_____ Transit/ABA# _____
(Bank/Credit Union)

Debit my: Checking Savings Account #: _____

This authority is to remain in full force until the Township of Thomas has received cancellation notification. Such notice must be received at least ten days prior to the utility bill due date and signed by any of the persons generally designated as authorized to make withdrawals from this account. Any fees incurred in the collection of funds charged to the Township of Thomas will be passed on to you, the customer.

Signed: _____ Date: _____

Address: _____ Phone# _____

Effective date of payment: _____ Employee initials: _____ Date: _____

Utility location ID/account # _____

Please return completed form to our office with a voided copy of a check.