



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.

Printed Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

EMAIL: \_\_\_\_\_  
(ENTER EMAIL IF YOU WOULD LIKE BILLS EMAILED TO YOU)

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

\*\*\*\*\* Office Use Only \*\*\*\*\*

Effective date of payment: \_\_\_\_\_ Employee initials: \_\_\_\_\_ Date: \_\_\_\_\_

Utility location ID/account # \_\_\_\_\_