STOP DIRECT DEBIT AUTHORIZATION

I, _____ _____
(PRINT FIRST NAME) (PRINT LAST NAME)

as the property owner, I understand that I must give Thomas Township ten (10) business days prior notice to the due date to cancel the scheduled direct debit **Utility Billing** and/or **Property Tax bill** payment.

Please cancel the automatic payment agreement and discontinue the automatic payment effective on_____ for the following departments…
(mm/dd/yyyy)

❑ UTILITY BILLING (Water/Sewer)

Financial Institution: _____

Routing Number: _____ Account Number: _____

Account Type: ☐Checking ☐Savings

Property Address: _____

❑ TREASURER (Property Tax)

Financial Institution: _____

Routing Number: _____ Account Number: _____

Account Type: ☐Checking ☐Savings

Property Address: _____

Parcel ID: _____ - _____ - ___ -_____- _____ - _____

_____ _____
(OWNER SIGNATURE) (DATE)

_____
(PHONE NUMBER)

PLEASE RETURN THIS FORM WITH A COPY OF YOUR PHOTO I.D.

249 N Miller Rd. ♦ Saginaw, MI 48609 ♦ PH: 989.781.0150 ♦ FAX: 989.781.0290 ♦ WWW.THOMASTWP.ORG
Utility Billing Email: WATERSEWER@THOMASTWPMI.GOV ♦ Treasurer Email: TREASURER@THOMASTWPMI.GOV