



Utility Billing Automatic Bill Payment Enrollment Form

Please complete this form and return to Lake Charter Township Offices, 3220 Shawnee Rd., Bridgman MI 49106, mail back to Lake Charter Township, Utility Billing Dept., PO Box 818, Bridgman MI 49106 or fax to 269-465-4631.

Name: _____

Service Address: _____

Best Phone No.: _____ Alternate Phone No.: _____

Account Number: _____ Email: _____

Date of first automatic payment: _____

I authorize the Lake Charter Township Water Department and my financial institution to automatically deduct my water/sewer payment from the checking or savings account listed below. I understand either party may cancel this agreement, in writing, at any time.

Name of Financial Institution: _____

Banking Routing Number: _____ (9 digit number)

Banking Account Number: _____

This account is a: _____ Checking Account _____ Savings Account

IMPORTANT NOTE: TO ENSURE PROPER ACCOUNT INFORMATION, YOU **MUST ATTACH A CHECK MARKED **VOID**. ENROLLMENT CANNOT BE COMPLETED WITHOUT YOUR SIGNATURE BELOW. WHEN ENROLLMENT BECOMES EFFECTIVE, YOUR BALANCE DUE WILL BE DEDUCTED FROM YOUR BANK ACCOUNT ON THE DUE DATE. PLEASE CONTINUE TO MAIL YOUR PAYMENT UNTIL YOUR BILL STUB INDICATES THAT THE AUTO WITHDRAWAL (ACH) IS EFFECTIVE. THIS PROCESS NORMALLY TAKES THIRTY (30) DAYS. **FAILURE TO HAVE ADEQUATE FUNDS IN YOUR ACCOUNT WHEN THE AUTOMATIC PAYMENT IS DEBITED FROM YOUR ACCOUNT MAY RESULT IN NSF FEES BEING CHARGED BY LAKE CHARTER TOWNSHIP AND YOUR BANK.****

Account Holder Name: _____

Signature of Account Holder

Date: _____