

**UTILITY BILLING**  
**Frenchtown Charter Township**

**DIRECT DEBIT AUTHORIZATION AGREEMENT**

- Please type or print legibly in black ink.
- Check the correct box to indicate whether this is a new application or a change.
- **Attach a voided check to the completed application**

New       Change

Name:		
Address:	Parcel Number:	
City:	State:	Zip:
E-mail Address:		Phone:

I hereby authorize Frenchtown Township to debit my Checking Account  or Savings Account  at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. Frenchtown Township and I agree to abide by all applicable ACH operating rules.

**I understand that should the electronic debit to my account be returned for any reason, I must pay my bill with cash, money order or official check at the township hall along with a check handling fee of \$30.00.**

Financial Institution Name:	
Address:	Phone Number: (    )
Bank Transit & Routing Number:	Account Number:
Name as it appears on the bank account:	
<b>The total amount of your water bill will be debited from your account by the due date.</b>	

This agreement is to remain in full force and effect until Frenchtown Township has received written notification from me, or I have received written notification from Frenchtown Township of its termination so as to afford the interested parties a reasonable time to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date