

Dorr – Leighton Waste Water Authority

4451 12th Street, Suite A

Wayland, MI 49348

Phone: 616-891-8238

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dl@leightontownship.org

Authorization Agreement for Direct Payment
For Dorr-Leighton Waste Water (Sewer) Payments

Customer Name _____

Mailing Address _____

Service Address (if different from mailing address) _____

Phone _____ Account Number _____

I authorize the company named above to initiate electronic debits (payments) or credits (deposits) to my designated account at the below named Financial Institution. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This authority is to remain in effect until I provide written notification to the company of my intent to terminate this agreement.

This notice must be given to the company in a reasonable time frame to act upon it relative to the payment due date.

Amount of Payment: Amount Due

Payment Date: The 1st of April, July, October and January. (If the 1st falls on a weekend or holiday, it will be the following business day.)

Beginning date of: _____

Financial Institution Name _____

Routing Number | | | | | | | | | |

Account Number | | | | | | | | | | | | | | | |

Type (select one) = Checking **PLEASE INCLUDE A VOIDED CHECK!** = Savings

Account Holder Name _____

(please print)

Authorizing Signature _____ Date _____

Address _____ Phone Number _____

FOR OFFICE USE ONLY:

Date entered in system _____