



249 N Miller Rd. Saginaw, MI 48609
PH: 989.781.0150 FAX: 989.781.0290
Email: WATERSEWER@THOMASTWP.ORG

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:

(Bank/Credit Union) (Routing #)

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: _____

Signature: _____ Date: _____

Address: _____ Phone #: _____

Email Address: _____

PAPERLESS BILLING: YES NO

Please return completed form to our office with a copy of a voided check or bank statement

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

Effective date of payment: _____ Employee Initials: _____ Date: _____

Utility location ID/account #: _____