



249 N MILLER SAGINAW, MI 48609  
PH: 989.781.0150 FAX: 989.781.0290  
EMAIL: [WATERSEWER@THOMASTWP.ORG](mailto:WATERSEWER@THOMASTWP.ORG)

## STOP DIRECT DEBIT UTILITY BILLING AUTHORIZATION

I, (PROPERTY OWNER): \_\_\_\_\_  
(FIRST NAME) (LAST NAME)

REQUEST THOMAS TOWNSHIP TO STOP DIRECT DEBIT LOCATED AT THE FOLLOWING PROPERTY ADDRESS:

\_\_\_\_\_  
(ADDRESS) (CITY, STATE & ZIP)

FROM: \_\_\_\_\_  
(BANK/CREDIT UNION NAME)

\_\_\_\_\_  
OWNER SIGNATURE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
DATE

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