

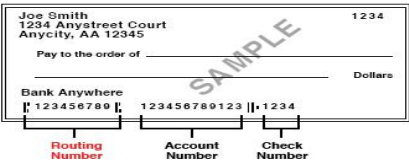
HOWELL TOWNSHIP ACH Recurring Payment/Paperless Billing Authorization Form

Schedule your payment to be automatically deducted from your checking account or savings account on the billing due date every month and/or sign up for Paperless Billing and receive your bill through an email. Just complete and sign this form to get started. There is no charge and you may discontinue at any time. If you have any questions, just give our billing department a call at (517) 546-2817 X104 or email us at utilitybilling@howelltownshipmi.org.

Please check your choices:

- YES – I would like to participate in the ACH Program. I understand that the monthly debit will be my total bill balance.
- YES – I would like to participate in the Email billing program.
- CHANGE – Please makes changes to my ACH/Email Account as indicated below.
- STOP – Please stop my participation in the ACH/Email Billing Program.

- Name(s) on Utility Account: _____
- Service Address: _____
- Utility Billing Account Number: _____
- Phone Number(s): _____
- Email Address: _____

Account Type: <input type="radio"/> Checking <input type="radio"/> Savings	 <p>FOUNDED 1836</p>
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	

****Attach Voided check/draft/deposit slip****

Authorized Signature: _____ Date _____

The above signature authorizes HOWELL TOWNSHIP Utility Department to initiate periodic withdrawals from the above account for payment of water-sewer bills and/or send utility bill via email. This authorization will remain in effect until notice of termination is given to the Howell Township Utility Department. It is the customer's responsibility to notify the Billing Department of changes to bank account, email account or any other account changes. The Howell Township Utility Department shall keep bank account numbers confidential in accordance with the provisions for confidentiality found in the Michigan Freedom of Information Act.

Submit form to: HOWELL TOWNSHIP Utility Department, 3525 Byron Road, Howell, MI 48855

Fax completed form to (877) 881-4078.

The completed form must be submitted at least 5 days prior to the next billing due date to take effect. Otherwise, please submit proper payment to avoid late fees. NSF fee of \$35.00 will be charged for insufficient funds.