

JAMESTOWN CHARTER TOWNSHIP

2380 RILEY ST. Hudsonville, MI 49426

TELEPHONE: (616) 896-8376

Automatic Utility Payment Enrollment Application

Name: _____

Address: _____

Phone: _____

Email: _____

Name of Financial Institution: _____

ABA/Routing #: _____

Checking/ Savings Acct#: _____

I authorize Jamestown Charter Township to deduct my entire payment due, on the due date each quarter, from the checking or savings account listed above. I understand that I control my payments, and if at any time I decide to terminate this payment service, I will notify the Township in writing. I also understand that it is my obligation to have funds in my account to cover the payments due, or late fees will apply. I understand that overdraft fees and other bank fees are my responsibility.

Signature: _____ Date: _____

**The completed signed form must be submitted personally to Maureen Carmody or Brian Boss or email mcarmody@twp.jamestown.mi.us*

For Office Use Only _____

Water/Sewer Account #: _____

Start Date: _____ End Date: _____

Received By: _____

Notes: _____
