

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 number: _____

Account Number: _____ Checking Savings

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: _____

Electronic Signature. By typing your name above, you are signing this document electronically. You agree and acknowledge that your electronic signature is the legal equivalent of a manual or written signature, that you are legally bound by the terms and conditions of this document and that you are authorizing this electronic transaction. You also represent that you are authorized to sign this document and to request this transaction.

**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: _____