



Spring Lake Township

101 S. Buchanan Street
Spring Lake, MI 49456
Phone: (616) 842-1340
Fax: (616) 842-1546

Automatic (ACH) Utility Payment Authorization Form

Please provide the following information (Please print clearly):

Name: _____

Service Address: _____

Mailing Address: _____

City, State & Zip: _____

Telephone Number: _____

Name of Financial Institution: _____

Routing Number: _____ Acct Number: _____

Select one: _____ Checking _____ Savings

Payment will be deducted from your account fourteen (14) calendar days after the bills are mailed.

I authorize Spring Lake Township to deduct the payment of my utility bill(s) from the checking or savings account listed above. I understand that I control my payments and if at any time I decide to discontinue this service, or if I change accounts or financial institutions, ***I must notify the Township in writing at least 15 days prior to the electronic payment date.*** Electronic payments that are not honored will be charged a \$30.00 payment returned fee.

This form cannot be processed without your signature. All information provided on this form is kept confidential.

Signature: _____ Date: _____

PLEASE RETURN THIS FORM WITH A VOIDED CHECK