



# Spring Lake Township

101 S. Buchanan Street  
Spring Lake, MI 49456  
Phone: (616) 842-1340  
Fax: (616) 847-1393

## 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**