



Delhi Charter Township Treasurer
 2074 Aurelius Rd, Holt MI 48842
 P: 517-694-0333 • FAX: 517-694-3434
 delhitownshipmi.gov

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DATE STAMP

AUTOMATIC BILL PAYMENT ENROLLMENT FORM

Follow these 4 easy steps to maximizing your leisure time!

#1 Complete the contact information requested below: (please print)

| | | |
|---------------------------------|----------|------|
| Name (As shown on your bill): | | |
| Service address: | Acct. #: | |
| Mailing Address (If different): | | |
| City: | State: | Zip: |
| Phone: | | |

#2 Provide your email below:

| | |
|--------|--|
| Email: | <input type="checkbox"/> Check this box if you would like your bill sent to this email |
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#3 Provide the required financial information below:

To ensure the correct account number is used for this electronic payment and to obtain the ABA routing number, **PLEASE CONTACT YOUR FINANCIAL INSTITUTION FOR ASSISTANCE.**

| | |
|--------------------------------|---------------------|
| Name of Financial Institution: | |
| ABA routing number: | |
| Checking Acct. #: | or Savings Acct. #: |

If complete form is received by the 10th, it is effective immediately, otherwise it will start for the following month's billing cycle.

#4 Provide your signature for authorization:

I authorize Delhi Charter Township to deduct my sewer payment 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 payment service I will notify Delhi Township 15 days in advance.** I also understand that all information provided will remain confidential.

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE



Applicant's Signature

Date