

**CALEDONIA CHARTER TOWNSHIP
AUTHORIZATION AND ENROLLMENT FORM FOR
AUTOMATIC FUNDS TRANSFER**

Name _____

Phone _____ Account # _____

Mailing Address _____

City _____ MI Zip _____

Service Address _____

I hereby authorize the Charter Township of Caledonia to automatically withdraw from my account identified below the total amount due on my billing statement for water and sewer usage. I authorize the Financial Institution named below to accept such transactions initiated by the Charter Township of Caledonia. Withdrawals shall be made from my account on the 20th day of the month preceding the due date.

This authorization is to remain in effect until the Charter Township of Caledonia has received written notification from me of termination at least five (5) business days before the next regular transaction date. Attached is a VOIDED check or pre-printed deposit slip.

Financial Institution Name _____

Financial Institution Phone _____

ABA Routing Number _____

Checking Account Number _____

Print Name of Account _____

Effective date _____, 20_____

Signature of Account Holder

Date