

**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 20<sup>th</sup> 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