

Authorization Agreement for Direct Payments (ACH Debits)

Gull Lake Sewer & Water Authority
7722 N. 37th Street
Richland, MI 49083

Customer Name _____ Phone _____
(Please Print)

Your Sewer Account Number 00____-000 Email _____

Service Address _____

I (We) hereby authorize the Gull Lake Sewer & Water Authority to initiate debit entries to my (our) Checking Savings account indicated below at the financial institution named below, and to debit the same such account on a quarterly basis for the payment owed on the due date (on or near the 20th of the month). I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number* _____ Account Number* _____

This authorization is to remain in full force and effect until Gull Lake Sewer & Water Authority has received written notification from me (or either of us) of its termination in such time and in such manner as to afford both parties a reasonable opportunity to act on it.

Name _____
(Please Print) (Please Print)

Signed _____

Date _____

***Please attach a voided check if we are to debit your checking account or a savings deposit ticket if we are to debit your savings account. This is to ensure the Gull Lake Sewer & Water Authority obtains the accurate routing and account numbers from your financial institution.**

Note: Please notify Gull Lake Sewer & Water Authority in writing two weeks prior to any change requested including bank, account or termination of transaction to ensure timely payment.