

Charter Township of Harrison
Direct Payment Authorization Form for Water Bills

Follow these 6 easy steps to start paying your bills automatically!

#1 Please print you customer information:

Name _____

Service Address _____

Mailing Address (if different) _____

Home Phone _____ Cell Phone _____

E-Mail _____

#2 Provide the required financial information below:

Name of Financial Institution _____

Branch Name _____

City _____ State _____

ACCOUNT TYPE: Checking / Savings

BANK TRANSIT ROUTING NUMBER AND ACCOUNT NUMBER:

_____/_____

#3 Start Date for ACH to begin: _____

#4 Original or photocopy of voided check for bank account and routing number verification

#5 Mail Original to: Charter Township of Harrison Twp.
Automatic Payment Plan
38151 L'Anse Creuse
Harrison Twp., MI 48045

#6 Provide your signature for authorization:

I authorize the Charter Township of Harrison, or its agents and the financial institution listed below to deduct my payments from the checking or savings account provided for each billing period. This authority will remain in effect until I have cancelled it in writing.

This form can not be processed without your signature

Signature _____ Date _____