



Water Department

Direct Payment Enrollment and Paperless Billing Form

Complete the contact information requested below (please print):

Name: _____

Service Address: _____

Mailing Address: _____

Phone Number(s): _____

Water Billing Account Number(s) : _____

[] CHECK THE BOX "PAPERLESS BILL" EMAIL ADDRESS: _____

Provide your signature for authorization:

I authorize the Charter Township of Alpena to deduct my water utility billing payments from my checking or savings account listed below. I understand that I control my payments and if at anytime I decide to discontinue this service, I will notify the Charter Township of Alpena. I also understand that all information here will remain confidential.

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

Signature: _____ Date: _____

Photocopy this form for your records.

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: _____

(nine-digit number, may be located in the lower left corner of your checks)

ENTIRE Checking Account #: _____ or Savings Account #: _____

PLEASE RETURN THE ORIGINAL WITH A VOIDED CHECK TO:

Charter Township of Alpena
Water Department
4385 US-23 North
Alpena, MI 49707

OFFICE USE ONLY: Cycle # _____ Date Entry: _____ Pre-Authorization: _____/_____ Activate: []