

## Join the Automatic Water Bill Payment Plan and You'll Always Be On Time

With Automatic Water Bill Payment, you can have your water and sewer bill automatically paid from any participating bank, savings and loan, or credit union account. Just complete this form and return it to start enjoying these benefits:

**No more penalties**

**No checks to write**

**No postage to pay**

All you have to do is make sure there is enough money in your account to cover the bill, and then record the payments in your records. If your payment is returned for any reason, you will be charged a \$30.00 processing fee.

### Questions and Answers

***How long does it take to get on the plan?***

Depending when you sign up, most accounts will be converted within 60 days. You should continue to pay normally until your water bill states you're on the Auto Payment Plan.

***Will the appearance of my water and sewer bill change?***

Yes, it will look the same, except it will read "Do Not Pay Auto Pay Plan".

***What if I have a question concerning the amount of my bill?***

You should contact the Water and Sewer Department at least 10 days prior to the due date of your bill.

***What if there isn't enough money in my account?***

You should have plenty of time to deposit money into your account, as the deduction does not take place until the due date of your bill. If there are insufficient funds, it will be treated like a bounced check; you will be charged a \$30.00 processing fee and a penalty will be added to your account.

***Can I withdraw from the program?***

Yes. You should notify the Treasurer's Department in writing when you wish to discontinue this service.

### **AUTOMATIC BILL PAYMENT AUTHORIZATION FORM**

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Water Account # \_\_\_\_\_

**To ensure accuracy, please contact your financial institution for the correct ABA and account number.**

Name of Financial Institution: \_\_\_\_\_

ABA/Routing Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Checking Account # \_\_\_\_\_ Or Savings Account # \_\_\_\_\_

I authorize the Charter Township of Plymouth to deduct my payment from the checking or savings account listed. I understand that I can discontinue this payment service at any time by notifying the Charter Township of Plymouth in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form to:**

**Charter Township of  
Plymouth P.O. Box 8040  
Plymouth, MI 48170**