

**Georgetown Charter Township
Direct Payment Program
Application**

Customer Name _____ (Please Print)

Service Address _____

Water/Sewer Account # _ _ _ _ _

Mailing address (if different) _____

Daytime Phone _____

Please deduct my Automatic Bill Payment from my:

Name of Bank/Credit Union/Savings & Loan _____

Type of Bank Account: ___ Checking ___ Savings

Bank Account # _____

Telephone number _____

I authorize Georgetown Charter Township to deduct my Water/Sewer Bill from the checking or Savings account listed above. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify Georgetown Charter Township by letter.

Signature _____ Date _____

Be sure to enclose a voided check with this form.

Return to : Auto Payment Program
Georgetown Charter Township
PO Box 769
Jenison MI 49429
(616) 457-2340