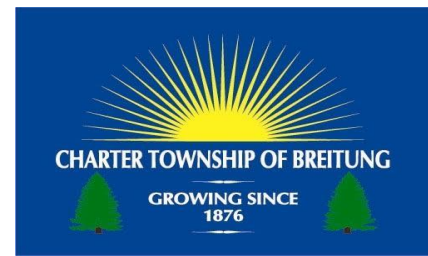


**CHARTER TOWNSHIP OF BREITUNG
UTILITY DEPARTMENT
3851 MENOMINEE STREET
P.O. BOX 160
QUINNESEC, MI 49876
906-779-2052**



By completing and returning the “Consent Agreement for Pre-Authorized Payments” form, you are authorizing the Township to deduct your water and/or refuse collection services bill on the due date of each bill. You will still receive a bill in the mail like normal, however, the bill will now state, “ACH Withdrawal on Due Date”.

FREQUENTLY ASKED QUESTIONS:

Where do I send the completed form?

Mail to: Charter Township of Breitung
c/o Utility Clerk
P.O. Box 160
Quinnesec, MI 49876

Drop off: Charter Township of Breitung
3851 Menominee Street
Quinnesec, MI 49876

Office Hours: Monday through Friday, 7:30am-4pm

If you can't make it in during the open hours, there is a locked drop box to the right of our front door.

Email to: asavord@breitungtp.org

What will happen after my authorization is processed?

As soon as the Utility Clerk receives your authorization form, he/she will enter the information on your utility account and get the ACH withdrawals started with your next billing cycle. In order to ensure a timely start of this service, the Utility Clerk needs to receive this form at least ten (10) days prior to the next due date. You will still receive a post-card sized bill as usual; however, the bill will now state “ACH Withdrawal on Due Date”. The ACH withdrawals will always happen on the date the billing is due. For example, if your bill is due on the 21st of March, then the withdrawal will happen on the 21st of March out of your account.

What if I want to change bank accounts or stop ACH withdrawals all together?

If you have switched bank accounts, you'll need to fill out a new consent form and return it to the office either by mail, drop off or email. If you're looking to end the ACH withdrawal all together, you should fill out the “Intent to Cancel Pre-Authorized Payments” form. Once you're filled out the form, return it to the office ten (10) days before the due date of the cycle that you're wishing to cancel the service on. For example, if your bill is due on the 21st of whatever month, the Utility Clerk will need to receive the “Intent to Cancel” by the 11th in order to ensure that the ACH withdrawal will not go through for that cycle.

If you have any other questions, please feel free to contact the Utility Clerk, Monday through Friday, between the hours of 7:30am and 4:00pm at 906-779-2052, or email at: asavord@breitungtp.org

Thank you!

Breitung Township Utility Clerk

UPDATED: 11/2018

**Charter Township of Breitung
CONSENT AGREEMENT FOR PRE-AUTHORIZED PAYMENTS
WATER AND REFUSE SERVICES**

CHECK ONE: **START** **CHANGE**

CUSTOMER INFORMATION

NAME (PLEASE PRINT): _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE/CELL: _____

WATER ACCT. #: _____ REFUSE ACCT. #: _____

FINANCIAL INSTITUTION INFORMATION

(Please provide a voided check or deposit slip.)

FINANCIAL INSTITUTION NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

NINE-DIGIT BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____ TYPE: CHECKING SAVINGS

AUTHORIZATION

I, _____ (please print name), hereby authorize the Charter Township of Breitung (furthermore known as "Township" in this agreement) to initiate debit entries from my account at the financial institution named above for water and/or refuse collection services and to initiate, if necessary, credit entries and adjustments for any entries made in error to my account indicated above. This authorization will remain in effect until I have notified the Township of such request for change or cancellation.

Signature

Date

OFFICE USE ONLY

Date form received: _____ Mail Email In-Office

Received by: _____
(Print Name)

Signature of Received by: _____

Service will take effect on: _____ (date)

**CHARTER TOWNSHIP OF BREITUNG
INTENT TO CANCEL PRE-AUTHORIZED PAYMENTS
WATER AND REFUSE SERVICES**

I, _____ (please print), authorize the Charter Township of Breitung (furthermore known as "Township" in this agreement) to cancel the pre-authorized, automatic payments for:

Water Account #: _____ Refuse Account #: _____

I realize that this form needs to be accepted by the Utility Clerk ten (10) days before the billing cycle's due date in order to ensure that the service is stopped in a timely fashion.

Signature

Date

OFFICE USE ONLY

Date Form Received: _____ Mail Email In-Office

Received by: _____
(Print Name)

Signature of Received By: _____

Cancellation of ACH will take effect: _____ (date)