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## Bay County Department of Water and Sewer

3933 PATTERSON ROAD, BAY CITY, MICHIGAN 48706 TELEPHONE (989) 684-3883 FAX (989) 684-5510 www.baycodws.org

RYAN W. GOEBEL, DIRECTOR



## **Electronic Fund Transfer Enrollment Authorization**

I authorize the Bay County Department of Water and Sewer (DWS) to initiate withdrawals from my account at the financial institution named in this application for payment of my quarterly utility bill. This authorization will remain valid until the Bay County DWS, my financial institution, or I revoke it.

I understand the Electronic Fund Transfer (EFT) program is an alternative method of payment only and does not otherwise affect my rights or the rights of the Bay County DWS or my financial institution with respect to each other. I further understand the Bay County DWS and my financial institution reserve the right to terminate the EFT program and/or my participation in it. If I wish to discontinue my participation in the EFT program I shall do so by notification to the DWS business office.

Water/sev	wer account number : _		<del></del>	
Name on	water/sewer account:_	<del></del>		
Telephone	e Number(s)			
Service ad	dress:			
Financial I	nstitution Name			
Signature of Authorized Account Holder Date				
Print Auth	orized Account Holder	Name		
Bank acco	unt from which to dedu	uct payment:		
Checking Account		or	Savings Account	
	A voided <i>check for checking accounts</i> must be attached (or) the routing # and account # <i>for a savings accounts</i> for funds to be electronically transferred.			

You may email this form to: <a href="mailto:csr@baycodws.org">csr@baycodws.org</a> or mail to the address listed above.