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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



Bay County Road Commission JAMES C. LILLO, P.E. ENGINEER-MANAGER

## **Electronic Fund Transfer Cancellation Authorization**

I authorize the Bay County Department of Water and Sewer (DWS) to cancel and enroll withdrawals from my new account at the financial institution named below on this form for payment of my quarterly utility bill.

Water / Sewer Account Number:

Name on Water / Sewer Account:

Service Address:

**Financial Institution Name:** 

Signature:

## New Electronic Fund Transfer Enrollment Authorization

i mancial mistication Name.	F	inancial	Institution	Name:
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**Routing Number:** 

**Account Number:** 

Checking or Savings

**Print Authorized Account Holder:** 

Signature of Authorized Account Holder:

Date:

Telephone:

You may email this form to: <u>csr@baycodws.org</u> or mail to the address listed above.