

# AUTOMATIC PAYMENT PLAN ENROLLMENT FORM

**MAIL**

Automatic Payment Plan  
City of Taylor Water Department  
P.O. Box 298  
Taylor, MI 48180-0298

Fax: 734-374-1463 or email: [dpitoniak@ci.taylor.mi.us](mailto:dpitoniak@ci.taylor.mi.us)

## Customer Account Information

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Water Account Number(s) to Enroll \_\_\_\_\_

## Banking Information

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

ABA Routing Number (9 digits on bottom of check)  
To ensure the correct account number is used for this  
Electronic payment and to obtain the ABA/routing number,  
Please contact your financial institution)

\_\_\_\_\_

Checking Account Number \_\_\_\_\_

**MUST SUBMIT VOIDED CHECK WITH FORM**

## Account Address

Address \_\_\_\_\_

I authorize The City of Taylor Water Department to deduct my payment from the banking account listed above. I understand that I control my payments, and, if at any time, I decide to discontinue this payment service I will give the City of Taylor Water Department written termination with a 30-day notice.

Customer Signature (This form cannot be processed without your signature.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**It may take up to two billing cycles until your Automatic Payment Plan begins. Until your regular water bill comes marked with the words "Do Not Pay - Automatically Withdrawn", please continue to pay as usual.**