

AUTOMATIC PAYMENT PLAN ENROLLMENT FORM

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

Customer Account Information

Last Name _____

First Name _____

Address _____

Phone _____

Water Account Number 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 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 payments 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 can not 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Withdrawn", please continue to pay as usual.