4475 Kalamazoo Dr. Caledonia, MI 49316 (616) 891-8238

# Leighton Township

NOW OFFER THE CONVENIENCE OF DIRECT

# Green Lake sewer payments

Now you can sign up for Direct Payment of your sewer bills. Direct Payments offer you the convenience of automatic withdrawals from your checking or savings account for your Green Lake Sewer payment. Direct payment will eliminate the hassle of writing checks or paying with cash. By switching to direct payments, you can benefit from the convenience and safety of kicking the paper habit. It uses less paper, is better for the environment and saves postage charges and late fees. We use United Bank for our banking-they have implemented additional security measurers to protect your privacy. If this option is something that interests you, please fill out the form below and return it to Char Troost at the Township Hall, 4475 Kalamazoo Dr., Caledonia, MI 49316.

* **Convenient**
  Automatic withdrawals
* **Safe**
  Protects your privacy
* **Cost Effective**
  Saves you on the cost of checks
* **Consistent**
  Monthly withdrawals
* **Easy**
  Direct payments may be set up from any bank

**Save a check and a stamp with Direct Sewer Payments**

Authorization for Direct Payment for Green Lake Sewer

I authorize Green Lake Sewer to initiate direct payments (debits) to my designated account at the below named Financial Institution.

This authority is to remain in effect until I provide written notification to the Green Lake Sewer of my intent to terminate this agreement. This notice must be given to the Green Lake Sewer in a reasonable time frame to act upon it relative to the payment due date.

Company Information: Green Lake Sewer
4451 12th Street Suite A
Wayland, MI 49348

**Payment Information:**

Amount of payment: $100.00
Payment Date: The 5th of May, August, November, and February. (When the 5th falls on a weekend it will be the following Monday.
Beginning date of:_____ PLEASE INCLUDE A VOIDED CHECK!

**Financial Institution Information:**

Bank Name:_____
City_____ State _____ Zip _____

Transmit/ABA # Account Type: ___ Checking ___ Savings Account

Account num- ☐☐☐☐☐☐☐☐☐ ber: _____

**Authorized By:** Signature: _____ Date _____

Print Name: _____ Phone Number _____

Address:_____