

Green Lake Sewer

Form for requesting removal of automatic withdrawal of Green Lake Sewer payments

I authorize Green Lake Sewer to stop 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 of 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.

Financial Institution Information

Bank Name: _____

Transit/ABA# _____

Account Number: _____

Account Type: Checking Savings Account

Stop Payment Information

Amount of Payment: \$ _____

Cancellation Month: (circle one) May, August, November, or February

Authorized By:

Signature: _____ Date: _____

Print Name: _____

Address: _____

City _____ Michigan Zip _____

Phone Number or Email Address: _____

Leighton Township