

# CHARTER TOWNSHIP OF HAMPTON

801 W. Center Road Essexville, Michigan 48732-2094

Mailing Address: P.O. Box 187, Bay City, MI 48707-0187

Telephone (989) 893-7541 Fax (989) 893-6152 [www.hamptontownship.org](http://www.hamptontownship.org)

**"This institution is an equal opportunity provider and employer."**

## UTILITY BILL DIRECT DEBIT (ACH) ENROLLMENT FORM

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Utility Bill Account Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**I authorize the Charter Township of Hampton to deduct my utility billing payments from my checking or savings account listed below on the 15<sup>th</sup> of the month that the bill is due. If this date falls on a weekend, the debit will be the following Monday. This authorization will remain in effect until the Township is notified, in writing, within ten (10) days prior to the next billing date.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To ensure the correct banking information is used for this electronic payment, **please contact your financial institution for assistance** and attach a VOIDED copy of your check.

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

ABA/Routing number \_\_\_\_\_

(Located in the lower left-hand corner of your check)

Checking or Savings Account Number: \_\_\_\_\_

(Please circle what type of account)

**Retain a copy for your records and return the original to Charter Township of Hampton, 801 W Center Rd, Essexville, MI 48732**

**Additional Information:** We will attempt to debit your bank account once. If the funds are insufficient, a non-sufficient fund (NSF) fee of \$35.00 will be added to your utility bill account and you will be required to make the payment manually at the Township office. Automatic debits will resume once your account is brought current. If a utility account is NSF more than twice, it will be removed from the auto-payment plan.

**Attach copy of check here**