

Hartland Township Auto Debit (ACH) Authorization



Hartland Township is pleased to offer another convenient payment method for its residents and customers, *at no cost*. By simply submitting this form, your quarterly utility bill will be automatically paid as an electronic withdrawal from your bank account on the billing due date every three months. This authorization can be revoked at any time. **Please note that if we are notified there is a change in ownership, the account below will automatically be stopped.**

I (we) hereby authorize Hartland Township (the "Township") to initiate debit entries and, if necessary, credit entries and adjustments for any debit or credit entry in error, to my (our) checking or savings account indicated below at the depository financial institution (the "Depository") named below, and to debit and/or credit the same to such account.

Please check one:

- YES** – I (we) would like to participate in the Auto Debit Program. I (we) understand that the quarterly debit will include my (our) total utility bill balance, which may fluctuate based on actual usage, account changes, rate adjustments, late payment penalties or other such factors. I (we) will still receive a quarterly billing statement.
- CHANGE** – Please make changes to my (our) Auto Debit Account as indicated below.
- STOP** – Please stop my (our) participation in the Auto Debit Program.

Name(s) on Account _____

Billing Address _____

Utility Billing Account Number _____

Phone Number(s) _____

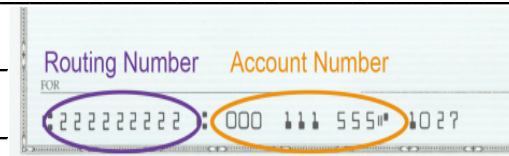
Email Address _____

Account Type: Checking Savings

Bank Name, City & State _____

Bank Routing Number _____

Account Number _____



This authority is to remain in effect until the Township has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Township and Depository a reasonable opportunity to act on it. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of the U.S. law. I (we) will be responsible for providing accurate information regarding my (our) account. If inaccurate information results in non-payment, I (we) will be responsible for any late charges. In the case of any debit being rejected for Non Sufficient Funds (NSF), I (we) agree to an additional \$25.00 charge for each attempt returned NSF. I (we) will not dispute the Township's billing with my bank so long as the transaction corresponds to the terms indicated in this agreement.

_____/_____
Signature(s)

____/____/
Date

Submit form to: Hartland Township Treasurer, 2655 Clark Road, Hartland, MI 48353, or fax to (810) 632-1033
Completed form must be submitted at least 15 days prior to the next billing due date to take effect for that quarter. Otherwise, please submit proper payment to avoid late penalties.