



CHIKAMING TOWNSHIP CENTER

P.O. BOX 40
13535 RED ARROW HIGHWAY
HARBERT, MICHIGAN 49115
(269) 469-1676
(269) 469-4416 fax
www.chikamingtownship.org

Jeanne Dudeck, *Supervisor*
Betsy Bohac, *Clerk*
Dorothy Simmons, *Treasurer*
Jack Gibson, *Trustee*
William Marske, *Trustee*

Authorization for Withdrawals (ACH Debits)

I hereby authorize Chikaming Township to make withdrawals from the account identified below for the purpose indicated and authorize the Financial Institution to charge such withdrawals to my listed account.

Purpose: Chikaming Township Water and Sewer bill

Name of Financial Institution: _____

Routing Number (9 digits): _____

Account Number: _____

Type of account (check one): Checking account Savings account

Authorizing Party

Name: _____

Service Address: _____

Signature: _____

Date: ____/____/____

Please attach a voided check to this form.

Note: Cancellation of this ACH Debit requires a minimum of 30 days notice.