



Pittsfield Charter Township
Department of Utilities

6201 West Michigan Avenue, Ann Arbor, MI 48108
Phone: (734) 822-3135 • Fax: (734) 944-1103
Website: www.pittsfield-mi.gov

Billy Weirich
Director of Utilities
WeirichB@pittsfield-mi.gov

Mandy Grewal, Supervisor

**Authorization Agreement for Direct Payments (ACH Debits)
for the Pittsfield Charter Township Automatic Utility Bill Payment System**

I hereby authorize Pittsfield Charter Township to initiate debit entries to my checking account at the financial institution named below. I have attached a voided check for verification of my account information. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization will remain in full force and effect until the Pittsfield Charter Township Utilities Department has received written notification of termination from me. Such notification must allow Pittsfield Charter Township and its bank a reasonable opportunity to adjust your information. This information will be kept confidential and not used for any other purpose. The payment will be debited from your bank account on the utility bill due date to ensure the discounted amount.

(This portion is to be filled out by the resident)

Print Name: _____

Signature: _____ Date: _____

RESIDENT'S UTILITIES ACCOUNT INFORMATION

Service Address: _____

City: _____ State: _____ Zip: _____

Date You Wish to Start Withdrawal: _____

RESIDENT'S BANK INFORMATION

Name of Financial Institution: _____

PLEASE ATTACH A VOIDED CHECK.

We will use the routing number and account number as they appear on your voided check.

PLEASE NOTE: This agreement, along with a voided check, must be either dropped-off in person to the Utilities Department at the township administration building or mailed to:

Pittsfield Charter Township
c/o Utilities Department
6201 W. Michigan Ave.
Ann Arbor, MI 48108

(This portion is to be filled out by the Pittsfield Township Utilities Department)

Date Received: _____ Received by (initials): _____ Cycle: _____

Method Received (circle one): Over the Counter Mail Other: