



UTILITY BILLING Recurring Payment Form

Customer information (please print):

Customer name: _____

Service Address: _____ Daytime phone (____) ____ - ____

Account #: _____ - _____ - _____ Email: _____

Billing Information:

Visa (credit / debit)

MasterCard (credit / debit)

Card #: _____ Exp: ____ / ____ CVC#: _____

I understand that it is my responsibility to notify the Township of new card information when my card changes/expires and that I am responsible for penalties should by payment be rejected because the information has changed. **INITIAL:**

OR

Financial Institution: _____ Checking: Savings:

Routing #: _____ Account #: _____

For checking accounts copy of a voided check is required to ensure correct account information for your electronic payment. A copy of membership card is required for savings accounts.

Payment options (please indicate your choice below):

- The full bill amount is to be deducted on the 1st business day of the month that the quarterly water bill is due
- Pay in full on the due date (18th of the month for bills with a 20th due date, 8th of the month for bills with a due date of the 10th)

I hereby authorize Meridian Charter Township to make the deductions listed above to the account listed above. **INITIAL:**

I understand that all information provided will remain confidential. I understand that it is my responsibility to confirm that the township has received and processed my enrollment form. I understand that a fee will be charged if my payment fails for any reason and that my bill will be considered unpaid and will have late fees applied as well as be eligible for shut-off if the bill remains unpaid. I understand that it is my responsibility to keep all billing information up to date . If at any time I decide to discontinue this service I understand it is my responsibility to notify the township in writing no less than 7 days before the next scheduled payment date.

Signature: _____ Date: _____

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

Make a copy of this form for your records. Return the original to:

Via Mail:
Meridian Twp Utility Billing
PO Box 1400
Okemos, MI 48805

In person:
M-F 8-5 OR 24-hour drop box
5151 Marsh Rd, Okemos MI
Fax: 517.853.4141

