

Cannon Township
6878 Belding Rd
Rockford MI 49341
Phone: 616.874.6966 Fax: 616.874.8940
www.cannontwp.org

Automatic Payment Sign Up Sheet

SEWER ACCOUNT

Name: _____ Phone: _____

Service Address: _____ Email: _____

Bank Name: _____ Bank Routing Number: _____

Account Number: _____ Account Type: Checking / Savings
(please circle)

Bank Phone: _____

Start Date: _____

I authorize Cannon Township to deduct the payment of my sewer bill from my checking or savings account listed above (on or about the 27th of the first month of each quarter). I understand I control my payments and if, at any time I decide to discontinue this payment service, I must notify the township in writing. I also understand all information will remain confidential.

Signature: _____ Date: _____

Attach copy of check here

For Office Use Only

Date activated: _____

Acct No: _____