



**PINE RIVER TOWNSHIP HALL  
1495 W MONROE RD  
SAINT LOUIS, MICHIGAN 48880**

**[www.pinerivertwp.org](http://www.pinerivertwp.org)**

**PHONE: (989) 681-5523  
FAX: (989) 681-4188**

## **Debit Authorization Form Monthly Sewer Charges**

I hereby authorize Pine River Township to initiate debit entries to my \_\_\_\_\_ checking \_\_\_\_\_ savings  
(**select one**) indicated below and the Depository named below to debit same such account.

NAME OF BANK \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA NUMBER \_\_\_\_\_

DEPOSITORY ACCOUNT NUMBER \_\_\_\_\_

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP INCLUDING ROUTING AND ACCOUNT NUMBERS.

This authority is to remain in full force and effect until PINE RIVER TOWNSHIP and DEPOSITORY has received written notification from me of its termination in such time and in such manner as to afford PINE RIVER TOWNSHIP and DEPOSITORY a reasonable opportunity to act on it.

PRINT ACCT. NAME \_\_\_\_\_ ACCT. NUMBER \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EMAIL \_\_\_\_\_