I authorize the City of Oak Park, Michigan to withdraw the amount due for Water Usage to a designated financial institution and account listed below. This authorization will also allow the City to adjust entries to correct errors.

This authority will remain in effect until I have changed it in writing. I also understand that the enrollment/changes authorized will become effective with the first billing period possible, based on the processing time of the Water Department.

_____ _____

SIGNATURE DATE

****

Please print the information requested below and return the completed form along with a blank "voided" check to:

The City of Oak Park Water Department
14000 Oak Park Blvd.
Oak Park, MI 48237

_____

Name

_____

Address Telephone

_____

Financial Institution Name

_____

Address of Financial Institution

_____

City State Zip

☐ SAVINGS

☐ CHECKING

****

FOR OFFICE USE ONLY

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER