



## Authorization for Withdrawals (ACH Debits)

I hereby authorize Benton Charter Township to make withdrawals from the account identified below for the purpose indicated and authorize the Financial Institution to charge such withdrawals to my listed account. The draft will be made monthly on the due date listed on the utility invoice. I understand that I am responsible to verify that the debit was properly made and that it was for the correct amount. In the event of an error, I will contact Benton Charter Township as soon as possible.

Purpose: Benton Charter Township Utility Services

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account:            Checking    Savings

Name of Authorizing Party: \_\_\_\_\_

Service Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature and Date: \_\_\_\_\_

**\*\*\* A voided check and copy of your driver's license are required for enrollment. \*\*\***

Note: The enrollment form must be completed and received by Benton Charter Township one (1) week prior to the bill due date to be effective immediately. In order to stop the automatic withdrawal, the cancellation form must be completed and remitted to our office at least one week prior to the draft date (actual invoice due date).

<b>Benton Charter Township Use Only</b>	
<input type="checkbox"/> Account information was entered into system.	
Date Entered:	_____
EE Signature:	_____
Location ID:	_____