

**WATER DISTRICT NO. 1 OF MIDLAND COUNTY
PO BOX 320, 246 E PRICE RD
SANFORD, MI 48657**

**AUTO-PAY
ENROLLMENT AUTHORIZATION**

Please indicate: *New Application* OR *Change in banking information*

NAME (as shown on your bill):		
SERVICE ADDRESS:		
MAILING ADDRESS (if different):		
CITY:	STATE:	ZIP:
DAYTIME PHONE: ()		
NAME OF FINANCIAL INSTITUTION:		
ABA/ROUTING NUMBER _ _ _ _ _ - _ _ _ _ _ - _ _		
BANK ACCOUNT #	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING
WATER BILL ACCOUNT #		
DEDUCTIONS TO BE TAKEN QUARTERLY ON THE 1ST BUSINESS DAY OF EACH QUARTER: MARCH, JUNE, SEPTEMBER, and DECEMBER.		
<small>I authorize Water District No. 1 of Midland County to deduct my payments from the checking or savings account listed above. I understand that I control my payments and if at any time I decide to discontinue this payment service, <u>I will notify Water District No. 1 of Midland County</u>, in writing. I also understand that all information provided will remain confidential.</small>		

_____ **Authorized Signature**

_____ **Date**

1st payment to be taken on: _____

This application for enrollment or change of banking information, MUST be accompanied by a voided check (if checking account is to be used) or voided savings deposit slip (if savings account is to be used).