



Sebewaing Light and Water Department
110 West Main Street
P.O. Box 645
Sebewaing, MI 48759
Phone: (989) 883-2700 Fax: (989) 883-2792

Electronic Payments Form

Customer: _____

Customer Account Number: _____

Address: _____

City, State, Zip: _____

To ensure the correct account number is used for this electronic payment and to obtain the ABA/Routing numbers please attach a voided Check or contact your Financial Institution.

Financial Institution: _____

ABA/Routing Number: _____

Bank Account Number: _____ Checking/Savings

I hereby authorize Sebewaing Light and Water to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debt entries in error to may account and depository named above, hereinafter-called DEPOSITORY, and to credit and /or debit the same to such account.

This authorization will remain in place until Sebewaing Light and Water has received written notification by me and in such manner as to afford Sebewaing Light & Water Dept. the opportunity to act on it.

Signature: _____ Date: _____

Printed Name: _____

Effective Date: _____

Sebewaing Light & Water Dept. reserves the right to terminate this agreement.