



City of Clawson

# Water

425 N. Main Street / Clawson, Michigan 48017  
(248) 435-4500 FAX (248) 435-3240

I, \_\_\_\_\_, PRINT - first name last name

hereby authorize the City of Clawson, to debit the banking account listed below, for purposes of payment of **the WATER BILL.**

What is the color of the water bill?

commercial blue green red

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Water Account #

initials here → \_\_\_\_\_ Amount BILLED To Be Withdrawn From Account On Due Date

\_\_\_\_\_ Account Number To Be Used (Checking or Savings)

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

**PLEASE CIRCLE ONE:** Checking or Savings

**PLEASE CIRCLE ONE:** Is the address a: Residence or Business

I understand that if I have a change to the above information that I will notify the City of Clawson **Treasurer's Office**, in writing, within 15 days of the due date. I also understand that if I want to discontinue the direct debit program, I must provide the City of Clawson **Treasurer's Office** with a 30 day notice in writing. In addition, if my direct debit comes back for any reason, including Non-Sufficient Funds or Account Closed, I could be charged \$20.00.

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)

\_\_\_\_\_ Property Address \_\_\_\_\_ Telephone #