



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 section of the water bill?

one two three

_____-_____-_____- Water Account #

initials here → _____ Amount BILLED To Be Withdrawn From Account On Due Date

PLEASE CIRCLE ONE: Checking or Savings

_____ Account Number To Be Used

_____ Routing Number

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. Authorization forms must be received by the Treasurer's office 10 days prior to the water bill due date. 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 #