

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

**AUTOMATIC BILL PAYMENT
ENROLLMENT FORM**

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.		
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, <i>I will notify Water District No. 1 of Midland County in writing. I also understand that all information provided will remain confidential.</i>		

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).

***Building a better future by providing water to its citizens
"This institution is an equal opportunity provider and employer"***