

# Bay County Department of Water and Sewer



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RYAN W. GOEBEL, DIRECTOR

## Electronic Fund Transfer Enrollment Authorization

I authorize the Bay County Department of Water and Sewer (DWS) to initiate withdrawals from my account at the financial institution named in this application for payment of my quarterly utility bill. This authorization will remain valid until the Bay County DWS, my financial institution, or I revoke it.

I understand the Electronic Fund Transfer (EFT) program is an alternative method of payment only and does not otherwise affect my rights or the rights of the Bay County DWS or my financial institution with respect to each other. I further understand the Bay County DWS and my financial institution reserve the right to terminate the EFT program and/or my participation in it. If I wish to discontinue my participation in the EFT program I shall do so by notification to the DWS business office.

Water/sewer account number : \_\_\_\_\_

Name on water/sewer account: \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Service address: \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

Signature of Authorized Account Holder \_\_\_\_\_

Date \_\_\_\_\_

Print Authorized Account Holder Name \_\_\_\_\_

For Office Use:

ENTERED: \_\_\_\_\_

DATE: \_\_\_\_\_

CHECKED: \_\_\_\_\_

DATE: \_\_\_\_\_

Bank account from which to deduct payment:

Checking Account    **or**     Savings Account

A voided *check for checking accounts* must be attached **(or)** the routing # and account # *for a savings accounts* for funds to be electronically transferred.

You may email this form to: [csr@baycountydwsmi.org](mailto:csr@baycountydwsmi.org) or mail to the address listed above.