

COMMISSIONERS
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Bay County Department of Water and Sewer

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Bay County Road Commission
JAMES C. LILLO, P.E.
ENGINEER-MANAGER

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 Funds 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 notifying the DWS business office via the EFT Cancellation Form.

Water/Sewer Account Number: _____

Name on Water/Sewer Account: _____

Service Address: _____

Financial Institution Name: _____

Print Authorized Account Holder Name: _____

Signature of Authorized Account Holder: _____

Checking Account or Savings Account

Date: _____

Telephone: _____

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

You may e-mail the form to: csr@baycountydwsmi.gov or mail to address listed above.

For Office Use:

ENTERED: _____

DATE: _____

CHECKED: _____

DATE: _____