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COMMISSIONER

# Bay County Department of Water and Sewer

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JAMES C. LILLO, P.E.  
ROAD COMMISSION  
ENGINEER-MANAGER

RYAN W. GOEBEL, DWS DIRECTOR

*\*The Bay County Road Commission oversees the Bay County Department of Water & Sewer*

## 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: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

A voided check for **checking** account or the routing and account number for a **savings** account for funds to be electronically transferred.

(OR)

ROUTING #: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

Checking Account    or     Savings Account

You may e-mail this form to: [csr@baycountydwsmi.gov](mailto:csr@baycountydwsmi.gov)

FOR OFFICE USE:

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

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

VERIFIED: \_\_\_\_\_

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