



Pine River Township Hall
1495 W Monroe Rd
St. Louis, Michigan 48880

www.pinerivermi.gov

Phone: (989) 681-5523

Debit Authorization Form Monthly Sewer Charges

I hereby authorize Pine River Township to initiate debit entries to my _____ checking _____ savings
(**select one**) indicated below and the Depository named below to debit same such account.

NAME OF BANK _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NUMBER _____

DEPOSITORY ACCOUNT NUMBER _____

PLEASE ATTACH A VOIDED CHECK (for checking account) OR DEPOSIT SLIP (for savings account) INCLUDING ROUTING AND ACCOUNT NUMBERS.

This authority is to remain in full force and effect until PINE RIVER TOWNSHIP and DEPOSITORY has received written notification from me of its termination in such time and in such manner as to afford PINE RIVER TOWNSHIP and DEPOSITORY a reasonable opportunity to act on it.

PRINT ACCT. NAME _____ UTILITY ACCOUNT # _____

SIGNED _____ DATE _____

DAYTIME PHONE: _____ EMAIL _____

For Office Use:

Start Date _____ Amount _____

Treasurer

Utility Billing Clerk