Cannon Township 6878 Belding Rd Rockford MI 49341

Phone: 616-874-6966 www.cannontwp.org

Automatic Payment Sign Up Sheet

SEWER ACCOUNT

Name:

Phone:

Service Address:	Email:			
Bank Name:	Bank Routing Nur	mber:		
Account Number:	Account Type:	Checking	Savings	
Start Date:		(please ched	ck one)	
Note: All zeros in account and routing numbers must be inclu	ıded.			
Please provide a copy of y	our check with the acco	unt and routing n	umber.	
I authorize Cannon Township to deduct the payme about the 29th of the first month of each quarter). I this payment service, I must notify the towns	understand I control my pay	ments and if I decide	e at any time to discontin	
Signature:		Date:		

For Office Use Only	
Date activated:	
Acct #	