



Direct Payment Authorization Form



Customer Name _____
DPW Service Address _____

Phone Number (s) _____

Department of Public Works-
Water and/or Sewer Account Number _____
(If you have additional account numbers please check here and
record them on the reverse side.) _____

Name of Financial Institution _____

Address of Institution _____

Financial Institution Routing Number
_____ (9 digits)

Account Number _____

(Check One) Checking -or- Savings

I hereby authorize Grand Traverse County Department of Public Works to debit
my account as listed above for Water and/or sewer services on the date that will be
reflected on the billings.

I also authorize any necessary adjustments that may be needed.
This authorization will remain in effect until I cancel it in writing.

Signed: _____
Date: _____

PLEASE ATTACH A VOIDED CHECK

Grand Traverse County Department of Public Works Use Only:		
Date Received _____	Pre-note Date _____	
Authorized Signature _____		

GRAND TRAVERSE COUNTY DEPARTMENT OF PUBLIC WORKS
2650 LAFRANIER ROAD TRAVERSE CITY MI 49686-8972
231/995-6039 or fax 231/929-7226 email: pubworks@gtcountymi.gov

Additional Addresses and Account Numbers

Address _____

Account Number _____

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