

VILLAGE OF GRAND BEACH
48200 Perkins Blvd., Grand Beach, MI 49117
(269) 469-3141 Fax (269) 469-0146

**AUTOMATIC WITHDRAWAL (ACH)
FROM YOUR CHECKING OR SAVINGS ACCOUNT FOR YOUR UTILITY PAYMENT**

The convenient way to pay your water bill is now available. The Village of Grand Beach will implement payments by ACH withdrawals from your checking or savings account for your water bills.

If you are interested in the automatic withdrawal payment method, please fill out the AUTHORIZATION FOR WITHDRAWALS (ACH) form, attach a voided check and send the original (form & voided check) to the Village at the above address. If you want your payment to be withdrawn from a savings account, you will not be required to include a check since most savings accounts do not offer checks, but make sure to include the proper routing and account number.

The water bills are prepared during the first week of April, June, August, October and December. If you sign up for the ACH withdrawal method, your payment will automatically be withdrawn from the account that you specified on the 20th day of April, June, August, October and December.

If you choose not to pay by ACH and would like to go green and help the Village reduce costs for postage, bill cards, and labor costs; you can choose to receive your bill by email rather than U.S. mail. To receive your bill by email, please fill out the bottom portion of this notice and return it to the Clerk's office at the above address.

If you are currently receiving your bill via email, there is no need to fill out the bottom of this notice.

If you have any questions concerning the automatic withdrawal of payments (ACH), please contact me at (269) 469-3141.

Sincerely,

Mary J. Robertson
Clerk-Treasurer

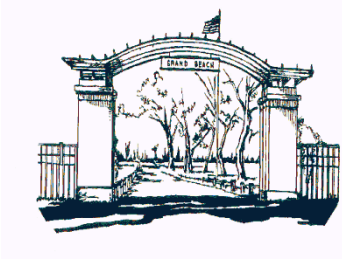
TO RECEIVE WATER BILLS VIA EMAIL (NO AUTOMATIC PAYMENT WITHDRAWAL)

Name on Bill: _____ Service Address: _____

Email Address (Print Legibly): _____ Water Account Number: _____

By signing below, I agree that my water bill will be sent to me via email, and I will no longer receive it in the mail.

Signature: _____ Date: _____



AUTHORIZATION FOR WITHDRAWALS (ACH)

**Automatic Checking/Savings Payment Authorization
For Water Payments to Grand Beach**

I hereby authorize the **VILLAGE OF GRAND BEACH** to initiate debit entries to my account indicated below and the financial institution named below. I also authorize the **VILLAGE OF GRAND BEACH** to make an adjustment entry to this account in the event that an entry is made in error. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I request the debit entries to occur in the following manner:

Name of Financial Institution: _____

Financial Institution Routing Number (9 digits): _____

Type of Account (check one): Checking Savings

Account Number: _____

I authorize payments to be withdrawn on the 20th day of April, June, August, October and December. Withdrawals (ACH) will begin as soon as possible after receiving the properly completed paperwork. If the paperwork is received too late to process for the next billing cycle, you will be contacted so that you are aware that you will need to send a check for that bill.

Authorizing Party:

Name: _____

SERVICE Address: _____

Telephone: _____ Cell Phone: _____

If you are signing up for automatic withdrawals and would like to receive your water bill via E-mail rather than by postal mail, please print your email address here so that it is legible: _____ and initial here _____. If you do not choose this option, you will continue to receive your bill in the mail.

I certify that I am an owner or authorized on the bank account with unlimited withdrawal or deposit rights on the depository's records to originate transfers to or from the listed account. I will notify the Village of Grand Beach if the account is closed or my withdrawal rights are limited or removed so the account may be deleted from future use. The intent is to have the offsetting entry for these transfers to be charged/deposited to my account maintained at the above listed financial institution.

This authority is to remain in full force and effect until the Village of Grand Beach has received written notification from the authorized party to terminate this payment arrangement and in such manner as to afford the Village of Grand Beach and the Financial Institution a reasonable opportunity to act on it. **NOTICE - Cancellation of this ACH Debit requires a minimum of 30 days notice.**

Authorized Signature: _____ Date: _____

****PLEASE PRINT CLEARLY AND ATTACH A COPY OF A VOIDED CHECK****