



## WEST SIDE WATER SYSTEM

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(517) 485-5470 Fax (517) 371-4818  
westsidewater.com

## WEST SIDE WATER DEPARTMENT DIRECT DEBIT PROGRAM ENROLLMENT FORM

### West Side Water Account Information:

Name on Account: \_\_\_\_\_

Service Address : \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Account #: \_\_\_\_\_

### Financial Institution Information:

Name of Financial Institution: \_\_\_\_\_ Checking \_\_\_ Savings \_\_\_

Routing and Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_

**\*\*\*To ensure the accuracy of information required for Direct Debit payments, please provide a voided check or a letter from your financial institution, indicating the Routing and Transit number, your account number and the account type.**

### Signature of Authorization:

1. I authorize West Side Water to deduct my payments from the checking or savings account indicated above. I understand that I control my payments and if at any time I decide to discontinue this payment service, I will notify the West Side Water in writing 30 day in advance.
2. Furthermore, I understand that the West Side Water may discontinue this service at any time and that penalties apply if the account has insufficient funds on the due date.

### Your Signature Is Required

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*Request to participate in the Direct Debit Program will not be accepted without a signature and a voided check or letter from your financial institution.**