



WEST SIDE WATER SYSTEM
 3209 West Michigan Avenue, Lansing, Michigan 48917-2921
 (517) 485-5470 Fax (517) 371-4818, TTD/TTY Dial 711
 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 West Side Water System in writing 30 day in advance.
2. Furthermore, I understand that West Side Water System 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.**

Office Use Only:

Pre-Note	Batch #:	Date:
1st Withdrawal	Batch #:	Date: