



# AUTHORIZATION

## AUTOMATIC BILL PAY & PAPERLESS BILLING

HOLLAND CHARTER TOWNSHIP, MICHIGAN  
353 N 120<sup>th</sup> Ave • Holland, Michigan 49424 • (616) 395-0078

1	CUSTOMER INFORMATION	
	NEW	REVISED
	NAME (as shown on utility bill)	
	HCT ACCOUNT #	
	SERVICE ADDRESS	
	PHONE #	CELL #
	EMAIL	

2	AUTOMATIC BILL PAY	
	NAME OF FINANCIAL INSTITUTION	
	CHECKING ACCOUNT	SAVINGS ACCOUNT
	ROUTING # (9 Digit #)	
	ACCOUNT #	
	I authorize Holland Charter Township to deduct my utility payment from my checking/savings account on the enclosed voided check/bank letter. I understand that I control my payments, and if at any time I decide to discontinue this service, I will provide notification in such time and manner as to afford the Township and my depository a reasonable opportunity to act on it. The Township reserves the right to stop electronic payment privileges for reasons deemed necessary. I understand that there will be a \$25.00 Return Fee for automatic payments returned for any reason.	
	SIGNATURE	DATE
*** Include a <b>VOIDED CHECK</b> or <b>BANK LETTER</b> for processing. ***		
<i>Please Allow 30 Days for Processing.</i>		

3	PAPERLESS BILLING	
	EMAIL	
	I authorize Holland Charter Township to email my monthly utility bill and acknowledge that I will no longer receive a paper bill. The email will be sent from <a href="mailto:wsutilities@hct.holland.mi.us">wsutilities@hct.holland.mi.us</a> and will include a PDF attachment. I agree that it is my responsibility to review the monthly bill for accuracy and notify the Township of any concerns or questions. I further agree to notify the Township of any changes to my mailing address, email address or contact information. Failure to notify the Township of any changes or failure to receive the bill does not waive penalties or fees and the account will still be subject for disconnection due to non-payment.	
	SIGNATURE	DATE
<i>Please Allow 30 Days for Processing.</i>		