

DIRECT PAYMENT ENROLLMENT FORM
SEWER BILLS

(Please Print)

Name: _____

Service Address: _____

Mailing Address: _____

Daytime Phone #: (____) _____ Email: _____

This request is for:

Sewer Billing Account Number: _____

To ensure the correct account number for your electronic payments and/or to obtain the ABA routing number, contact your financial institution.

Financial Institution: _____

ABA Routing Number: _____

(9 digit number located in the lower left corner of your check)

Checking Account Number: _____ **(Attach a voided check from this account)**

I authorize the Township of Lyon to deduct my sewer bill payments from my checking account listed above.

I understand that I control my payments and if at any time I decide to discontinue this service, I will notify the Charter Township of Lyon.

I also understand that all information provided here will remain confidential.

Signature: _____ Date: _____

(This form cannot be processed without your signature)