Want More Time?

Join our

Automatic Bill Payment Plan

Now You Can Pay Your Sewer Bill Direct From Your Bank Account!

Your payment will always be on time!

NO CHECKS • NO POSTAGE • NO LATE PAYMENTS

Quick Answers To Your Questions.

Q. How does Automatic Bill Payment work?
A. Mail your completed enrollment form (steps 1-3). Once set-up, Delhi Township will withdraw your payment automatically on the due date. Allow 30-60 days for automatic bill payments to become effective.

Q. How will I know the amount of my bill?
A. Delhi Township will send a billing statement at least 10 days before it is due indicating the variable amount. Your automatic payment will be reflected on your next checking/savings account statement.

Q. Is there a charge for the service?
A. No. The Automatic Bill Payment Plan is offered by Delhi Township free of charge. Most financial institutions do not charge for the service. Contact yours to be sure.

Q. Can payments be withdrawn from a savings account?
A. Yes, however some savings and money market accounts can accept these transactions and some cannot. Contact your financial institution for information about your specific account.

Q. What if I have a question about my bill?
A. Call the Delhi Township Treasurer office (517) 694-0333.

Q. What if I need to make a change?
A. If you change your checking/savings account, a new enrollment form will be required. Again, allow 30-60 days for processing. If you decide to cancel your participation in the plan, simply write Delhi Township.

Automatic Bill Payment Enrollment Form

Follow these 4 easy steps to maximizing your leisure time!

#1 Complete the contact information requested below (please print):

Name (as shown on your bill) _____

Service Address _____ Acct # _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Daytime Phone (_____) _____

#2 Provide your signature for authorization:

I authorize Delhi Township to deduct my sewer payment from the checking or savings account listed below. **I understand that I control my payments and if at any time I decide to discontinue this payment service I will notify Delhi Township 15 days in advance in writing.** I also understand that all information provided will remain confidential.

PLEASE SIGN!

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

Signature _____ Date _____

#3 Provide the required financial information below:

To ensure the correct account number is used for this electronic payment and to obtain the ABA/routing number, **PLEASE CONTACT YOUR FINANCIAL INSTITUTION FOR ASSISTANCE.**

Name of Financial Institution _____

ABA/routing number ___ ___ ___ ___ - ___ ___ ___ ___ - ___

Checking Acct # _____ or Savings Acct # _____

*** COMPLETE # 1, 2 & 3 AND RETURN IN ENCLOSED ENVELOPE ***

#4 Complete this section and remove this panel to keep for your records:

On (insert today's date) _____ I authorize Delhi Township to withdraw my payments using the following financial institution information. I need to allow up to 60 days for Automatic Bill Payment to go into effect.

Name of Financial Institution _____

Account Number: _____ ❑ Checking or ❑ Savings

DELHI CHARTER TOWNSHIP
2074 AURELIUS ROAD HOLT, MICHIGAN 48842-6320
PHONE: (517) 694-0333 FAX: (517) 694-3434

I will continue to receive a statement each month showing the amount deducted from my bank account.