

**PRE-AUTHORIZED PAYMENT  
AGREEMENT**

BUSINESS NAME CAMBRIDGE TOWNSHIP

I (we) hereby authorize CAMBRIDGE TOWNSHIP, hereinafter called BUSINESS, to initiate debit entries to my (our) Checking account indicated below, located at the financial institution name listed below, hereinafter called FINANCIAL INSTITUTION and to debit the same to such account shown below.

FINANCIAL INSTITUTION

NAME \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

This authority is to remain in full force and effect until BUSINESS and FINANCIAL INSTITUTION has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BUSINESS and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

DATE \_\_\_\_\_

NAME(S) \_\_\_\_\_

(Please Print)

\_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

CAMBRIDGE TOWNSHIP

LENAWEE COUNTY

William Gentner, Supervisor  
Rick Richardson, Clerk  
Laurie Johncox, Treasurer  
Tom Kissel, Trustee  
Otis Garrison, Trustee

9990 W M 50, Box 417  
Onsted, Michigan 49265  
Phone: 517 467-2104  
Fax: 517 467-4823  
Police Phone: 517 467-4737

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REQUESTED INFORMATION REGARDING "ACH" (electronic transfer) FOR SEWER/WATER UTILITY BILLS  
(for Township Use only)

Service address in Cambridge Township:

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Name(s) on account:

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Mailing address:

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Contact phone numbers:

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 (cell)

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 (home)

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 (work)

Email address:

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