

Direct Payment Authorization Form

City of Lowell, 301 East Main, Lowell, MI 49331

I authorize the City of Lowell to initiate a monthly debit to my checking/savings account indicated on the attached voided check at the following financial institution.

Financial Institution _____

Address _____

City _____ State _____ Zip Code _____

Account # _____ Checking

Routing # _____ Savings

This authority will remain in effect until the City of Lowell and the financial institution noted have received written notification from me of its termination in a time and manner to allow them a reasonable opportunity to act.

Signature Date Daytime phone

Customer Name: _____

Customer Address: _____

Water/Sewer Acct. #: _____