CITY OF CEDAR SPRINGS

ACH Application (Water and Sewer)

Last Name **First Name** **Middle Initial**

Mailing Address **City** **State** **Zip Code**

Phone Number **Email Address**

Bank Name

ACH Bank Account Number **ACH Bank Transit Routing Number**

*****PLEASE INCLUDED A COPY OF A VOIDED CHECK FOR OUR RECORDS*****

This agreement is to remain in full force and effect until the City of Cedar Springs has received written notification of its termination so as to afford the interested parties a reasonable time to act on it. By signing this document, I also understand this program can also be terminated by the City of Cedar Springs at any time with notice, and after such notice, I will be responsible to make alternative arrangements for payment.

Signed _____ **Date** _____

Service Address of Property(s) to be paid

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.