

CITY OF WOODHAVEN WATER & SEWER DEPARTMENT
AUTOMATIC PAYMENT SIGN UP/EMAIL BILL CONSENT FORM

21869 WEST ROAD, WOODHAVEN, MI 48183

PLEASE PRINT LEDGIBLY

WATER ACCOUNT NUMBER _ - _ - - - - -

NAME _____ PHONE# _____

SERVICE ADDRESS _____

NO, I DO NOT WANT TO RECEIVE MY WATER BILL VIA E-MAIL

(PAPER BILL WILL STILL BE MAILED)

YES, I WOULD LIKE TO RECEIVE MY WATER BILL VIA E-MAIL

(NO PAPER BILL WILL BE MAILED)

E-MAIL ADDRESS _____

I fully understand that the water bill can only be emailed to one email address.

I fully understand that it is my responsibility to notify the City of Woodhaven Water & Sewer Department of any changes to my email address.

I fully understand that it is my responsibility to contact the City of Woodhaven Water & Sewer Department if I have not received my billing email prior to the fifth of the month in which it is due.

Bank (Depository) Name	Account #	ABA/Routing #

Please provide a voided check (not deposit slips).

I fully understand funds must be available on the due date and that I am responsible for any fees associated with non-sufficient funds.

Date	Signature

The City of Woodhaven Water & Sewer Department will never send you an e-mail requesting you to validate any personal information.