



# Direct Payment Authorization Form

Customer Name \_\_\_\_\_  
DPW Service Address \_\_\_\_\_  
\_\_\_\_\_  
Phone Number (s) \_\_\_\_\_  
\_\_\_\_\_

Department of Public Works-  
Water and/or Sewer Account Number \_\_\_\_\_  
(If you have additional account numbers please check here and  
record them on the reverse side.) \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Address of Institution \_\_\_\_\_

Financial Institution Routing Number  
\_\_\_\_\_ (9 digits)

Account Number \_\_\_\_\_

(Check One)      Checking   -or-      Savings

I hereby authorize Grand Traverse County Department of Public Works to debit my account as listed above for Water and/or sewer services on the date that will be reflected on the billings.

I also authorize any necessary adjustments that may be needed.  
This authorization will remain in effect until I cancel it in writing.

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

***PLEASE ATTACH A VOIDED CHECK***

Grand Traverse County Department of Public Works Use Only:	
Date Received _____	Pre-note Date _____
Authorized Signature _____	

**GRAND TRAVERSE COUNTY DEPARTMENT OF PUBLIC WORKS**  
**2650 LAFRANIER ROAD TRAVERSE CITY MI 49686-8972**  
**231/995-6039 or fax 231/929-7226 email: pubworks@gtcountymi.gov**

**Additional Addresses and Account Numbers**

Address \_\_\_\_\_  
\_\_\_\_\_

Account Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Account Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Account Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Account Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Account Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Account Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Account Number \_\_\_\_\_

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