

Rollin Township
730 Manitou Road – P.O. Box 297
Manitou Beach, Michigan 49253
Telephone (517) 547-7786

Dear Sewer Users:

The Rollin Township Board of Trustees has authorized the processing of quarterly sewer payments as an automatic payment processing method. This option will eliminate the need to issue a check for the payment. Of course, you can continue to make the quarterly payment as you do now with either cash or check.

If you authorize the Township to automatically process your sewer payment, the amount due will be automatically charged to your checking or savings account (whichever you choose) on the payment due date. When you receive your bank statement, the amount of the charge will be reflected on the statement. You will continue to receive the sewer statement from the Township each quarter so you will know the amount being charged and the date of the charge. If you decide to take advantage of automatic payment for the sewer bill, you need to complete the authorization form below and return this letter to my attention. The first payment to be processed will be the next quarterly billed payment.

The authorization can be rescinded at any time by you or the Township by giving a 30 day notice in writing to stop the automatic payment.

Should you have any questions, please contact us at 517-547-7786 on Tuesdays between 1pm and 5pm or Thursday between 9am until 1pm. You may also email us at rollintreasurer@hotmail.com.

Sincerely,



Marcja J. Willett, Treasurer
Rachel Millyard, Deputy Treasurer

I wish to have Rollin Township automatically process a charge against my account for payment of the quarterly sewer billing. I understand this authorization will be in effect until I give notice in writing to the Township to rescind the authorization.

Please enclose a voided check or savings account withdrawal with this authorization and provide the following information.

Name: _____ Sewer Account Number: _____

Property Address: _____

Mailing Address : _____ Phone Number _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Indicate whether you wish the payment to be processed to your:

Checking Account Number _____ Savings Account Number _____

Bank Routing Number (This number is located at the bottom left on your checks)

Name of Bank _____

Address of Bank _____

MUST BE RECEIVED PRIOR TO THE FIRST OF THE MONTH FOR THE NEW BILLING CYCLE