



CITY OF CENTER LINE

DIRECT PAYMENT ENROLLMENT FORM

To sign up for direct payment, please complete this form & return it with a voided check to:

City of Center Line
7070 East Ten Mile Road
Center Line, MI 48015

Please print the following information:

Name: _____

Water and Sewer Direct Payment Enrollment (circle one): YES NO

Water Account Number: _____

Service Address: _____

Tax Direct Payment Enrollment (circle one): YES NO

Tax Parcel Identification Number: _____

Mailing Address (if different than service or parcel ID addresses): _____

City: _____ State: _____ Zip Code: _____

Daytime Phone Number: _____

Name of Financial Institution: _____

ABA/Routing Number (the nine (9) digits located on the lower left of check): _____

Checking Account Number: _____

Provide your signature for authorization. This form cannot be processed without your signature, a properly completed form, and attached voided check.

I hereby authorize the City of Center Line to deduct either or both (as selected above) Water and Sewer and/or tax payments from the checking account listed above. I understand that I control my payments, and if at any time information changes or I decide to discontinue this service, I will notify the City of Center Line. I also understand that all information here will remain confidential.

Signature: _____

Date: _____