



Authorization for Withdrawals (ACH Debits)

I hereby authorize the City of Bridgman to make withdrawals from the account identified below for the purpose indicated and authorize the Financial Institution to charge such withdrawals to my listed account.

Purpose: City of Bridgman Water and Sewer bill

Name of Financial Institution: _____

Routing Number (9 digits): ____ _

Account Number: _____

Type of account (check one): Checking Savings

Authorizing Party

Name: _____

Service Address: _____

Telephone Number: _____

Signature: _____

Date: ____ / ____ / _____

Please attach to this Authorization a voided check.

Note: Cancellation of this ACH Debit requires a minimum of 30 days notice.