



**DIRECT PAYMENT  
ENROLLMENT FORM**

**Stop writing checks and start saving time!** With automatic withdrawal from your checking or savings account, paying is easy, confidential, and free!

**1. Complete the contact information requested below.**

Name:	
Service Address:	
Daytime Phone:	Email:

**2. Provide your six-digit Waterford Township DPW account number.**

**3. Provide the required financial information below.**

To ensure the correct account number and ABA/Routing number are used, we encourage you to contact your financial institution for assistance.

Financial Institution:	
ABA/Routing #:	
Checking Account #:	Savings Account #:

\*\*\*Please designate a specific checking OR savings account\*\*\*

**4. Provide your signature for authorization.**

I authorize Waterford Township Water & Sewer to deduct my payment(s) from the checking or savings account listed above. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify Waterford Township Water & Sewer.

**\*\*\*REQUIRED\*\*\* This form cannot be processed without your signature**

Signature:

Date:

**Return Form to:**  
Waterford Township Water & Sewer  
5240 Civic Center Drive  
Waterford, MI 48329  
[billingdepartment@waterfordmi.gov](mailto:billingdepartment@waterfordmi.gov)  
248-674-2278