



**Authorization Agreement for Preauthorized Debits  
for Payment of Water/Sewer Bills**

I, \_\_\_\_\_ authorize the City of Saginaw to debit my account monthly for payment of my water/sewer bill by electronic transfer from the designated financial institution and account effective \_\_\_\_\_. I understand this authorization remains in effect until canceled by: (a) myself, (b) the financial institution; or (c) the City of Saginaw.

I understand that I must have the funds available in the account on the date the water/sewer bill is due. In the case of non-sufficient funds, the City of Saginaw will not attempt to debit my account again that month and the policy on returned checks will apply. I will be charged a fee of \$35.00 on top of my dishonored payment, of which cannot be paid by personal check. I will be responsible to make my payment online, by mail, or at the City of Saginaw.

If during the term of this agreement funds are not available for two (2) months, the City of Saginaw will terminate this agreement without notice to me and I will be responsible to make subsequent payments online, by mail, or at the City of Saginaw.

BANK \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

☐ CHECKING ☐ SAVINGS (Check only one)

ROUTING # \_\_\_\_\_

WATER/SEWER ACCOUNT # \_\_\_\_\_ (Ex: 000000-000000)

SERVICE ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Return** Treasurer, City of Saginaw  
**form to:** 1315 S. Washington Avenue  
Saginaw, MI 48601

**Or** [treasury@saginaw-mi.com](mailto:treasury@saginaw-mi.com)  
**email to:**