

Dr. Sheryl Mitchell Theriot
City Administrator

Yvette Talley
City Clerk



A HERITAGE OF GOOD LIVING

Pamela Bratschi
Asst City Administrator/Treasurer

Arron Carlton
Deputy Treasurer

DIRECT PAYMENT ENROLLMENT FILLABLE FORM

Water Bills

(Please Type or Print):

Name: _____

Service Address: _____

Mailing Address: _____

Daytime Phone #: (____) _____ Email: _____

Water Billing Account Number: _____

To ensure the correct account number for your electronic payments and/or to obtain the ABA routing number, **contact your financial institution.**

Financial Institution: _____

ABA Routing Number: _____

(9 digit number, located in the lower left corner of your check)

Checking Account Number _____

(Attach a voided check (or email the picture) from this account)

I authorize the City of Lathrup Village to deduct my water bill payments from my checking account listed above. **I understand that I control my payments and if at any time I decide to discontinue this service, I will notify the City of Lathrup Village.**

I also understand that all information here will remain confidential.

Signature: _____ Date: _____

(This form cannot be processed without your signature)

Return Signed Form & Voided Check:

Email:

water@lathrupvillage.org

Mail or Drop Off:

**City of Lathrup Village 27400 Southfield Road
Lathrup Village, MI 48076**