

VILLAGE OF RAVENNA
12090 CROCERY CREEK DR RAVENNA, MI 49451
231-853-2360

AUTOMATIC PAYMENT SIGN UP FOR COMBINED WATER-SEWER-REFUSE BILL¹

Service Address _____

Account Number _____

ACH Authorization

I (we) authorize The Village of Ravenna to electronically debit my (our) account and, if necessary, electronically credit my (our) account to correct erroneous debits. The full amount of combined Water, Sewer and Refuse bill shall be withdrawn on the 15th of the month that the bill is due.

The initial withdrawal date is: _____

(Please allow up to 5 business days for the initial transaction.)

Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Account		
Bank Routing Number		
Bank Account Number		
Bank Name		
Bank City, State		

I (we) understand that this authorization will remain in full force and effect until I (we) notify The Village of Ravenna in writing, that I (we) wish to revoke this authorization. I (we) understand that The Village of Ravenna requires at least 5 business days prior notice in order to cancel this authorization.

If the payment is rejected due to Non Sufficient Funds (NSF), I understand that The Village of Ravenna may attempt to process the transaction again within 30 days, and I agree to an additional \$30 charge for each attempt that is returned due to NSF, which will be initiated as a separate transaction from the authorized payment.

Name(s) _____ Phone Number _____

Signature(s) _____ Date _____

¹For Customer's requiring separate payment information for each service (water, sewer, refuse) please contact the Village business office.