

**CITY OF ROYAL OAK
WATER AND SEWER DIRECT PAYMENT ENROLLMENT FORM**

**Please print this form & return it with a voided check to:
CITY OF ROYAL OAK
PO BOX 64
ROYAL OAK MI 48068-0064**

Please print the following information:

Name: _____
Water Account No: _____
Service Address: _____
Mail Address (if different than service address): _____
City: _____ State: _____ Zip Code: _____
Daytime Phone No: _____
Name of Financial Institution: _____
ABA/Routing No. (9 digits located on the lower left of check): _____
Checking or Savings Account No. _____

Provide your signature for authorization. This form cannot be processed without your signature.

I hereby authorize the City of Royal Oak to deduct my water/sewer payment from the checking or savings account listed above. I understand that I control my payments, and if at any time my account information changes or I decide to discontinue this service, I will notify the City of Royal Oak. I also understand that all information here will remain confidential.

Signature: _____ Date: _____