

CITY OF ST. IGNACE WATER DEPARTMENT
396 N STATE STREET
ST. IGNACE, MI 49781
(906) 643-7451
(906) 643-9393 Fax

The following information requested is needed to process direct withdrawal from your account at your banking institution for you water, sewer and trash bill.

Please make sure all information is correct.

Name:_____

Address:_____

Phone Number:_____

Bank/Credit Union Name:_____

Bank/Credit Union Mailing Address:_____

Phone Number:_____

Account Number:_____

Routing Number:_____

Type of account: ___ Checking ___ Savings

I hereby certify that the above information is correct and that the City of St. Ignace Water Department is authorized to withdrawal the amount of my utility bill each month from my account.

Signature:_____ **Date:**_____