

**OSCODA TOWNSHIP
110 S STATE ST
OSCODA, MI 48750**

AUTOMATIC PAYMENT SIGN UP SHEET

NAME: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

SERVICE ADDRESS: _____

SERVICE ACCOUNT NUMBER: _____

PHONE NUMBER: _____

BANK NAME: _____

BANK ROUTING NUMBER: _____

BANK ACCOUNT NUMBER: _____

ACCOUNT TYPE: _____ **CHECKING** _____ **SAVINGS**

PLEASE PROVIDE A VOIDED CHECK

START DATE: _____

SIGNATURE: _____

TODAYS DATE: _____

PAYMENTS ARE DEDUCTED ON THE 23RD OF EACH MONTH