

**DIRECT PAYMENT
AUTHORIZATION FORM
ATTACHMENT 1A**

I hereby authorize Green Lake Township, hereinafter called Company, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entry in error to my account indicated below and the financial institution named below, hereinafter called Depository, to debit and/or credit the same to such account, in accordance with MCL 440.4601;(Article 4A, The Uniform Commercial Code as in effect in Michigan), and the Rules of the National Automated Clearing House Association (NACHA Rules). This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it. The Company agrees to comply with and be bound by the Rules and acknowledges that entries may not be initiated that violate the laws of the United States or orders administered by the Office of Foreign Assets Control; laws, regulations, and orders administered by the Financial Crimes Enforcement Network; or any state laws, regulations or orders applicable to the providers of ACH payment services.

Signature

Date

Taxpayer Name (please print)

Circle dates you wish to have funds withdrawn:

9-14 12-31 2-14

FINANCIAL INSTITUTION INFORMATION

Account #	Financial Inst. Name	Routing/Transit #	Amount	Type of Account

Debit my payment from the account(s) indicated.

* Due to the time required for Company and Bank processing, allow one or two billing cycles for processing. Payments will be processed as normal until the change can be completed.

Property # _____	Property # _____
Property # _____	Property # _____
Property # _____	Property # _____
Property # _____	Property # _____