

Email Completed Form To: info@uniontownshipmi.com

UTILITY ACCOUNT - CHANGE FORM
*** REQUIRED - REASON FOR CHANGE***

NEW SERVICE: MOVE IN: MOVE OUT: _____
 TURN ON: TURN OFF: ACH CHANGE: _____
 CHANGE IN BILLING INFORMATION: EFFECTIVE DATE: _____

APPLICANT INFORMATION
***REQUIRED* - Information must be fully completed in order to process request.**

TODAY'S DATE: _____ PHONE: _____
 ACCOUNT #: _____ EMAIL: _____
 SERVICE ADDRESS: _____
 PROPERTY OWNER: TENANT: PROPERTY MGR/REP:

Signature: _____

PLEASE SELECT CHANGE OPTIONS BELOW (1-4)
1. NAME/BILLING ADDRESS CHANGE

	CURRENT		NEW
NAME:	_____	NAME:	_____
ADDRESS:	_____	ADDRESS:	_____
	_____		_____
	_____		_____

2. FINAL BILL REQUEST (MOVE IN/MOVE OUT)

Final bill request - Water meter will be read, and a bill calculated based on either the date of request/receipt
 Postmarks are not accepted, and requests can not be backdated
 Sewer only accounts - Will be pro-rated based on either the date of request/receipt

Water and sewer bills are billed on a quarterly basis and are billed based on the meter reading/property and not by the occupant. If you need the meter read and a bill sent to previous owner/occupant indicate by checking final bill request to the left.

FINAL BILL REQUEST: **[\$15.00 Charge]**

MAIL FINAL BILL TO: _____

3. SERVICE REQUEST (ON/OFF)

TURN WATER ON: **[\$20.00 Charge]** TURN WATER OFF : **[\$20.00 Charge]**

PLEASE ALLOW 48 HOUR NOTICE FOR NON-EMERGENCY REQUESTS. AFTER HOURS EMERGENCY SERVICE **[\$50.00 CHARGE /EACH]**

4. SEE AUTOMATIC PAYMENT (ACH) REQUEST ON BACK OF FORM

INTERNAL OFFICE USE ONLY	DATE RECEIVED:	_____	DATE PROCESSED:	_____
		_____		_____



Department of Public Services
2010 South Lincoln Road
Mt. Pleasant, MI 48858
Phone: (989) 772-4600 ext. 223/224
Email: info@uniontownshipmi.com

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS (ACH DEBITS)

*** REQUIRED**

I (we) hereby authorize Charter Township of Union to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account(s) from the financial institution named below and to debit and/or credit the account(s).

APPLICANT INFORMATION

*** REQUIRED - Information must be fully completed in order to process ACH request.**

TODAY'S DATE: _____ PHONE: _____
ACCOUNT #: _____ EMAIL: _____
SERVICE ADDRESS _____
SIGNATURE: _____ EFFECTIVE DATE: _____

Original signature required - Electronic requests accepted, form must be mailed or dropped off and include an original signature. Submit form to Charter Township of Union, 2010 S Lincoln Road Mt. Pleasant, MI 48858. ACH will not be initiated until original form/signature is received.

FINANCIAL INSTITUTION INFORMATION

*** REQUIRED FOR ACH INITIATION - Information must be fully completed in order to process ACH request.**

BANK NAME: _____ PHONE: _____
CITY/STATE/ZIP: _____
TRANSIT/ABA#: _____ ACCOUNT #: _____
ACCOUNT TYPE: CHECKING: OR SAVINGS:

This authorization is to remain in full force and effect until Charter Township of Union has received written notification from me of its termination, in such time and in such manner as to afford Union Township and Isabella Bank a reasonable opportunity to act on it.

CANCEL ACH AUTHORIZATION

REQUIRED - CANCELLATIONS ONLY

Customers are responsible for discontinuing all Automatic Payments (ACH) Please cancel my Automatic Payments (ACH)

Effective Date: _____

Authorization form must be retained by Charter Township of Union for two years after termination.

INTERNAL OFFICE USE ONLY				
INTERNAL OFFICE USE ONLY	DATE RECEIVED:		DATE PROCESSED:	



United States Department of Agriculture

Data Collection

Dear Charter Township of Union Water and Sewer Customer:

Charter Township of Union is required to collect and report data annually as part of the Rural Development program, a federally funded loan program. Listed below is the data we are to collect from our water and sewer customers, as well as the required disclosure statement.

Please take the time to complete the questions at the bottom of the form, sign and date, and return it to Charter Township of Union. If you wish not to provide this information, please check the appropriate line and return the form.

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity and sex of applicants on the basis of visual observation or surname.

I do not wish to furnish this information

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Race: (Mark all that apply)

White

Black or African American

American Indian or Alaska Native

Asian

Native Hawaiian or other Pacific Islander

Sex:

Male

Female

The Charter Township of Union is an equal opportunity provider.