

CITY OF ROYAL OAK
WATER SERVICE DEPARTMENT
248-246-3160



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 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 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: _____