



P.O. Box 789, Saugatuck, Michigan 49453  
Telephone (269) 857-2709  
Fax (269) 857-1565

**Kalamazoo Lake Water and Sewer Authority**  
**Paperless Billing Form/Automatic Debit Authorization**  
*(Select one or both options)*

Customer Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Complete Account Number(s): \_\_\_\_\_

(Example: WATR-389999-0000-01)

---

**Paperless Billing Authorization**

I authorize the Kalamazoo Lake Sewer and Water Authority (KLSWA) to electronically deliver my monthly bill for water and/or sewer service.

Email Address: \_\_\_\_\_.

I understand that it is my responsibility to contact the KLSWA if I do not receive my bill by the billing date each month or if my email address changes. If a payment is received after the due date, penalties will apply. Billing statements will be delivered only via e-mail until I cancel the paperless billing option in writing.

**Automatic Debit Authorization**

I authorize the KLSWA to charge my checking account to pay my monthly bill for water and/or sewer. I understand the payment due will be withdrawn from my checking account on the first business day of each month.

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Checking Account Number: \_\_\_\_\_

I understand that I may discontinue using this service by calling 269-857-2709 to cancel.

---

Name on Account \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

---

Customer Mailing Street Address if Different from Above:

\_\_\_\_\_  
(Street, City, State & Zip)

---

**PLEASE SIGN AND RETURN VIA EMAIL = [KLSWA@KLSWA.COM](mailto:KLSWA@KLSWA.COM), MAIL OR FAX. THANK YOU!**