

Kalamazoo Lake Sewer and Water Authority



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

Kalamazoo Lake Sewer and Water 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 by calling 269-857-2709.

☐ 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 I understand the payment due will be withdrawn from my checking account on the first business day of each month. Please be advised: in the event that funds are not available at the time your account is automatically debited, resulting in a notice of non-sufficient-funds, you will be notified by phone and/or e-mail, and your auto-draft privileges may be suspended. During that time, payments will be accepted via mail or in person. All payments that exceed the full amount due will be applied as a credit toward your account.

Bank Name: _____

Bank Routing Number: _____

Bank Checking Account Number: _____

I understand that I may discontinue either 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)