

CITY COUNCIL

Hon. Kelly Garrett
Mayor

Hon. Bruce Kantor
Mayor Pro Tem

Hon. Saleem Siddiqi
Council Member

Hon. Ian Ferguson
Council Member

Hon. Donna Stallings
Council Member



A HERITAGE OF GOOD LIVING

CITY OF LATHRUP VILLAGE

27400 Southfield Road, Lathrup Village, Michigan 48076

Tel: (248) 557-2600

Fax: (248) 557-2602

ADMINISTRATION

Dr. Sheryl L. Mitchell
City Administrator

Scott Baker
Baker & Elowsky
City Attorney

Pamela Bratschi
City Treasurer

Scott McKee
Chief of Police

Yvette Talley
City Clerk

DIRECT PAYMENT ENROLLMENT FORM

Water Bills

Please Print

Name: _____

Service Address: _____

Mailing Address: _____

Daytime Phone #: (____) _____ Email: _____

Water Billing Account Number: _____

To ensure the correct account number for your electronic payments and/or to obtain the ABA routing number, **contact your financial institution.**

Financial Institution: _____

ABA Routing Number: _____

(9 digit number, located in the lower left corner of your check)

Checking Account Number: _____

(Attach a void check from this account)

I authorize the City of Lathrup Village to deduct my water bill payments from my checking account listed above. **I understand that I control my payments and if at any time I decide to discontinue this service, I will notify the City of Lathrup Village.**

I also understand that all information here will remain confidential.

Signature: _____ Date: _____

(This form cannot be processed without your signature)