



132 E Broad St., P.O. Box 507 Linden, MI 48451 | Phone: (810) 735-7980 | Fax: (810) 735-4793

ATTENTION:

TO IMPROVE UPON COMMUNICATIONS WITH OUR CITIZENS, THE CITY OF LINDEN IS UPDATING OUR RESIDENT CONTACT RECORDS. YOUR INFORMATION YOU CHOOSE TO PROVIDE WILL NOT BE SHARED OR SOLD PUBLICLY.

PLEASE RETURN BY MAIL OR DROP BOX

Resident information: **Property Owner** **Tenant**

Names: _____

Property Address: _____

Mailing Address: _____

Phone: _____

E-mail: _____

(Please See Reverse Side)



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ACH ENROLLMENT OPTIONS

Please Select ACH Enrollment For:

- Utility Billing
- Property Taxes
- BOTH Utility Billing & Property Taxes

Complete the contact information requested below:

Name: _____

Service Address: _____

Mailing Address: _____

Phone: _____

Water Billing Account Number: _____

Parcel ID Number: 61- _____

I authorize the City of Linden to deduct from my checking or savings account listed below. Utility payments will be deducted on the 25th of each quarterly billing period. Property Tax payments will be deducted September 15 for Summer Taxes, and February 28 for Winter Taxes. **I understand, if at any time I decide to discontinue this service, I will notify the City of Linden in writing at least 15 days prior to the scheduled deduction.** I understand that the information provided will remain confidential. Should an NSF event occur, I understand that I will be held responsible for the additional fee of \$30.00 assessed.

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE.

Signature: _____ Date: _____

Please provide the required financial information below:

Name of Financial Institution: _____

ABA/Routing Number: _____

Account Number: _____

Account Type (Circle One): Checking or Savings

PLEASE RETURN THE ORIGINAL WITH A VOIDED CHECK TO:

City of Linden
132 E Broad St.
P.O. Box 507
Linden, MI 48451

(Please See Reverse Side)