

**CITY OF ROYAL OAK  
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 or Savings 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 or savings 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: \_\_\_\_\_