



## Request to Remove Direct Payment

Customer Name (Please Print):		E-Mail:	
Service Address:			
City:	State:	Zip Code:	Current Phone # (REQUIRED):
Remove Auto Pay from which account(s)? <input type="checkbox"/> Tax Account <input type="checkbox"/> Water Account			
Water/Sewer Account (i.e, WREN-01234-0000-01)		Tax Parcel Number (i.e, 70-03-12-345-890)	
<b>If Removing from Multiple accounts, please list each account number above.</b>			
Mailing Address (if different):			
City:	State:	Zip Code:	
<i>I authorize Grand Haven Charter Township to remove Direct Payment from the above listed account(s) effective immediately. I understand that I control my payments, and if I decide to use this service in the future, I will need to re-submit a new application to Grand Haven Charter Township.</i>			
Customer Signature:		Date:	

**\* PLEASE RETURN COMPLETED FORM TO:**  
**Grand Haven Township 13300 168<sup>th</sup> Ave. Grand Haven, MI 49417**  
**Or**  
**E-Mail: [ap@ght.org](mailto:ap@ght.org)**