

# Automatic Bill Payment Enrollment Form

Follow these 4 easy steps to maximize your time!

## #1 Complete the contact information requested below (please print):

Name (as shown on your bill) \_\_\_\_\_  
Service Address \_\_\_\_\_ Acct# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

## #2 Provide your signature for authorization:

I authorize the City of Potterville to deduct my water/sewer payment from the checking or savings account listed below. I understand automatic payment of my billing amount will be made on the bill's due date or in the event of a holiday or weekend, on the previous business day. This authority is to remain in full force and effect until I revoke the agreement by written notification to the City in such time and manner as to afford the City reasonable opportunity to act on it. I understand that both the City and the financial institution named below reserve the right to terminate this agreement or my participation therein. I also understand that all information provided will remain confidential. If there are insufficient funds, I will be responsible for non-sufficient fund fees involved in addition to any penalties and my bill will be considered unpaid. I have read and agree to the terms of this direct debit payment program.

**THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## #3 Provide the required financial information below:

To ensure the correct account number is used for this electronic payment and to obtain the ABA/routing number, we **REQUIRE A COPY OF A VOIDED CHECK** be included with this form for those wishing to deduct from their checking account. For savings account deductions we **REQUIRE A COPY OF YOUR MEMBERSHIP CARD**.

Name of Financial Institution \_\_\_\_\_ Routing # \_\_\_\_\_  
Checking Acct # \_\_\_\_\_ or Savings Acct # \_\_\_\_\_

\*\*\* PLEASE COMPLETE # 1, 2, 3 AND RETURN\*\*\*

## #4 Complete this section and remove this panel to keep for your records:

On (insert today's date) \_\_\_\_\_ I authorize the City of Potterville to withdraw my payments using the following financial institution information.

Name of Financial Institution \_\_\_\_\_  
Account Number \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_



CITY OF POTTERVILLE, 319 N.Nelson St., Potterville, MI 48876 (517) 645-7641