

**AUTOMATIC UTILITY BILL PAYMENT
ENROLLMENT FORM
CITY OF EATON RAPIDS**

Follow these 3 easy steps to maximizing your leisure time!

#1 COMPLETE THE CONTACT INFORMATION REQUESTED BELOW (PLEASE PRINT):

NAME (as shown on your bill) _____

SERVICE ADDRESS _____ **PHONE NUMBER** _____

#2 PROVIDE YOUR SIGNATURE FOR AUTHORIZATION:

I authorize the City of Eaton Rapids to deduct my utility payments (electric, water and sewer) from the checking or savings account listed below. **I understand that I control my payments and if at any time I decide to discontinue this payment service I will notify the City of Eaton Rapids.** I also understand that all information provided will remain confidential.

N	Signature _____	Date _____
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THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE!!!

#3 PROVIDE THE REQUIRED FINANCIAL INFORMATION BELOW:

To insure the correct account number is used for this electronic payment and to obtain the ABA/routing number, **PLEASE CONTACT YOUR FINANCIAL INSTITUTION FOR ASSISTANCE.**

NAME OF BANK _____

ABA/ROUTING NUMBER _____

CHECKING ACCT # _____ **OR SAVINGS ACCT #** _____

------(Cut or tear here and save for your records)-----

On (insert today's date) _____ I authorized the City of Eaton Rapids to withdraw my utility payments using the following financial institution information. I need to allow up to 60 days for Automatic Bill Payment to go into effect.

Bank Name: _____

() Checking Account **OR** () Savings Account

Account Number: _____