

## CITY OF WHITEHALL

## **UTILITY BILL**

## 405 E. Colby Street Whitehall, MI 49461 Ph. 231.894.4048

Fax: 231.893.4708

# **ACH Recurring Payment Authorization Form**

**MUST SELECT ONE: ENROLL** CHANGE/UPDATE INFORMATION **WITHDRAW** 

Form must have accurate information, the utility account holders' signature, and he received 15 days prior to payt due date to be processed.

ronn must have accurate information, the utility account noticers signature, and be received 15 days prior to next due date to be processed.		
UTILITY CUSTOMER INFORMATION		
Name:	Utility Acct(s) #:	
Property Address:		
Email Address:	Phone:	
Billing Address (if different from property address):		
I hereby authorize the City of Whitehall (herein called CITY) to withdraw the total balance for my utility bill on the due date each quarter from the designated financial institution and account listed below. If the due date falls on a weekend or holiday, the ACH transaction will take place the following business day.		
FINANCIAL INSTITUTION ACCOUNT INFORMATION		

#### Institution Name: Checking Account Type: (must select one) Savings :: 111111111: 5555555555 1000 **Bank Account Number** Routing #: Account #: **Bank Routing Number**

#### By signing below, I understand and agree:

Whitehall City Hall

405 E. Colby Street Whitehall, MI 49461

- ▶ This authorization will become effective with the first available billing period and will remain in full force until the CITY receives written notification of termination
- The completed form must be submitted at least 15 days prior to the next billing due date to take effect for that quarter. Otherwise, I will submit proper payment to avoid late fees.
- This authorization will allow the CITY to adjust entries to correct errors.
- If my financial information changes, if I move, or choose to withdraw from the ACH payment program, I must provide the CITY written notification no less than 15 days prior to the upcoming withdrawal date to afford the CITY and Depository a reasonable opportunity to act on it.
- ▶ The CITY will be held harmless if I fail to notify them of any change.
- If payment is returned, I will be charged applicable fees and any additional penalties that may apply.

AUTHORIZED SIGNATURE	
Authorized Signature:	Date:
Please update my cell phone number and enroll me in  TextMyGov  Get Alerts!  TextMyGov for reminder texts.  Cell Number:	GO PAPERLESS! Please enroll me in paperless billing,  email:  OR scan QR Code to enroll
MAIL TO OR DROP OFF AT: QUESTIONS?	

For Office Use Only: Received: Entered:

Any questions, please call 231-894-4048