

Utility Billing Authorization & Enrollment Form For Autopay Automatic Funds Transfer

Return completed form to:

City of Ishpeming Utility Billing 100 E. Division St. Ishpeming, MI 49849 Phone: (906) 485-1091 Fax: (906) 485-6246

For Office Use Only				
Account Number:				
Date entered:	Initials:			

I hereby authorize the *City of Ishpeming* (hereafter referred to as "City") to automatically withdraw from my account identified below the total amount due on my billing statement through debit entries (and appropriate credit and adjustment entries), electronically or by any other commercially accepted method, to my account indicated below. I authorize the financial institution named below to accept such transactions initiated by the City. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. The withdrawals shall be made from my account on the due date indicated on each billing statement. I acknowledge and agree that the City's non-sufficient funds charge as listed in the City's current fee schedule will be charged in the event that a payment is returned for non-sufficient funds, stopped payment, closed account, or is otherwise uncollectible.

This authorization will remain in effect until the City receives a written termination notice from me at least five (5) business days before the next regular billing date.

Name:]	Daytime Phone:		
Address:				
City:	State:		Zip Code:	
Service Address:				
Signature:		Date:		
Financial Institution Name				
	State:	Zip:	Phone:	
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(NAME OF BANK) City: ABA Bank Routing Number (must be 9 numbers) I =		ccount Number	(not to exceed 17 number	rs)

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