

**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.

	<b>Signature</b> _____	<b>Date</b> _____
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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:** \_\_\_\_\_