



CITY OF EASTPOINTE WATER BILLING

23200 GRATIOT AVE., EASTPOINTE, MI 48021

586.445.5050

ACH PAYMENT AUTHORIZATION AGREEMENT

PLEASE CHECK ONE: ENROLL WITHDRAW CHANGE BANK ACCOUNT

*** A VOIDED CHECK MUST BE ATTACHED TO ENROLL OR CHANGE BANK ACCOUNTS ***

CUSTOMER NAME(S) (as it/they appear on your account)

PHONE

SERVICE ADDRESS

WATER ACCOUNT NUMBER

MAILING ADDRESS (Street, City, State and Zip)

EMAIL ADDRESS

SELECT TO HAVE WATER/SEWER BILL EMAILED

I understand I am under obligation to pay my water/sewer bill should the email be delivered as SPAM

I (We), hereby authorize the City of Eastpointe (herein called CITY) to initiate debit entries and/or correction entries to my (our) checking OR savings account at the financial institution named below to debit the same such accounts. The ACH Debit Transaction will take place the 21st of each month. If the 21st should fall on a weekend or holiday, the ACH Debit Transaction will take place the following business day. Non-sufficient fund charges still apply.

FINANCIAL INSTITUTION NAME

BANK TRANSIT/ROUTE/ABA NUMBER (9 Digits, located on the lower left corner of checks)

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CHECKING ACCOUNT NUMBER

OR

SAVINGS ACCOUNT NUMBER

This authorization is to remain in effect until CITY has received written notification from either party of its termination in such time and manner as to afford CITY and financial institution(s) a reasonable opportunity to act upon said termination request. Any ACH transaction returned from financial institution will result in termination of this agreement.

SIGNATURE(S)

DATE

We must receive this form 30 days prior to the next scheduled ACH debit transaction date

OFFICIAL USE

TAKEN BY: _____ ENTRY DATE: _____ ENTERED BY: _____