

City of East Tawas Utility Bills

AUTOMATED PAYMENT AUTHORIZATION

As a benefit to our customers, the City of East Tawas offers automated bill payments for water and sewer bills. Please complete this portion of the form if you are interested. If you have any questions, please contact City Hall at (989) 362-6161 or cityhall@easttawas.com.

I authorize the City of East Tawas to deduct my payments from the 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 Water/Sewer Department in writing. Furthermore, I understand that the City of East Tawas may discontinue this service at any time and that penalties and fees apply if the account has insufficient funds on the due date.

Name (as shown on your bill)	
Service Address	
Mailing Address	
Utility Bill Account Number	Daytime Phone
Name of Financial Institution	
ABA/Routing Number (9 digits on bottom of check)	
	CHECK. To ensure the correct account number is used for this e ABA/routing number, please contact your financial institution.
Account Number	☐ Checking Account ☐ Savings Account
Payments will be deducted from your account on the 15 th of each month. If the 15 th falls on a Saturday, Sunday or holiday, the transaction will be made on the next business day.	
be emailed from the "City of East Tawas" email acco	ON the option of receiving their utility bills electronically. Electronic bills will unt. If you do not receive the electronic bill, please check your SPAM folder asttawas.com. Bills will be emailed around the 25th of each month.
I authorize the City of East Tawas to email my mor monthly utility bill is the only statement that will be e	nthly utility bill to the email address indicated below. I understand that the emailed and that I will no longer receive a printed utility bill. I will notify the ty bill again. Further, I understand that failure to receive the electronic bill
Name (as shown on your bill)	
Utility Bill Account Number	Daytime Phone
Email Address (please print clearly)	
This form cannot	T BE PROCESSED WITHOUT YOUR SIGNATURE.
Signature	Date