



**CITY OF GLADWIN**  
**UTILITY BILL**  
**ACH Recurring Payment Authorization Form**

1000 WEST CEDAR AVENUE  
GLADWIN, MICHIGAN 48624  
TELEPHONE: (989) 426-9231  
FAX: (989) 426-6942

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

*Form must have accurate information, the utility accountholders signature, and be received 15 days prior to next due date to be processed.*

<b>UTILITY CUSTOMER INFORMATION</b>	
Name:	Utility Acct #:
Property Address:	
Email address:	Phone #:
Billing Address <i>(if different from property address)</i> :	

I hereby authorize the City of Gladwin (herein called CITY) to withdraw the total balance due for my Utility Bill on the due date each month 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.

<b>FINANCIAL INSTITUTION ACCOUNT INFORMATION</b>	
Institution Name:	
Account Type: <i>(must select one)</i>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing # _____	Account # _____

**By Signing below, I understand and agree:**

- ▶ 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 from me.
- ▶ 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 upon 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.

<b>AUTHORIZED SIGNATURE</b>	
<i>Withdrawals and adjustments may be made electronically under the operation rules of the Michigan Automated Clearing House Association and through the City's' financial institution.</i>	
Utility Accountholder Signature: _____	Date: _____
Mail to or drop off at: Gladwin City Hall Attn: Utility Billing Clerk 1000 W Cedar Ave Gladwin, MI 48624	Any Questions, please contact: Karen @ 989-426-9231 Ext 10 <a href="mailto:water@gladwin.org">water@gladwin.org</a>