DIRECT PAYMENT ENROLLMENT FORM

COMPLETE THE INFORMATION REQUESTED BELOW (PLEASE PRINT):

NAME: _____

ADDRESS: _____

_____

PHONE: _____EMAIL ADDRESS_____

ACCOUNT #: _____ (as shown on company's bill)

NAME OF FINANCIAL INSTITUTION: _____

ABA/ROUTING # ___ ___ ___ ___ - ___ ___ ___ ___ - ___

CHECKING ACC#_____OR SAVINGS ACC #_____

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

SIGNATURE _____DATE _____

FREQUENTLY ASKED QUESTIONS

Q. How does Direct Payment work?
A. Complete the above information and mail to address listed at the bottom. Allow 30 days for processing and continue to pay as you normally would until your statement shows you have been signed up for the service.

Q, How will I know the amount of my bill?
A. You will still receive a billing statement at least 10 days before it is due indicating the amount due and due date.

Q. What if I have a question about my bill?
A. As always, call the customer service number listed on your bill.

Q. How do I know that the bill has been paid?
A. Each payment will be on your next financial institution account statement.

Q. Can payments be withdrawn from a savings account?
A. Yes, however, federal regulations limit the number of Transactions on some accounts. Contact your financial institution for information about your specific account.

Q. Is there a charge for Direct Payment?
A. No. We do not charge for this service. Most financial institutions don't charge either. Remember, they save money too!

Q. What if I change financial institutions?
A. You will need to complete a new enrollment form and allow approximately 30 days for the change to go into effect.

MAIL FORM BACK TO: **CITY OF GRANDVILLE**
3195 WILSON AVE SW
GRANDVILLE, MI 49418

OR

FAX **616-530-6224**