# CITY OF CLARE

## AUTOMATIC BILL PAYMENT ENROLLMENT FORM

*for*

X CITY UTILITY BILLS (WATER, SEWER, AND/OR GARBAGE)

_____ CITY TAXES TAX ID #: _____ - _____ - _____ - _____ - _____

**PERSONAL INFORMATION:**

| | |
|---|---|
| SERVICE ADDRESS: | |
| PROPERTY OWNER'S NAME: | |
| NAME AS SHOWN ON UTILITY/TAX BILL: | |
| MAILING ADDRESS: | |
| CITY/STATE/ZIP: | |
| TELEPHONE: ( ) - | This phone is: Home Work Cell Message |
| IF WE NEED TO CONTACT YOU, THE BEST TIME TO CALL IS: | |

**FINANCIAL INFORMATION: (Please include a 'voided' check. Thank you)**

| | |
|---|---|
| NAME OF FINANCIAL INSTITUTION: | |
| ABA/ROUTING NUMBER: | |
| BANK ACCOUNT NUMBER: | Account Type: Checking Savings |

**MISCELLANEOUS INFORMATION (Please initial by each item that you have read said item):**

| | |
|---|---|
| | 1. I understand all information provided here shall remain confidential. |
| | 2. Date to deduct first payment: |
| | 3. I authorize the City of Clare to deduct my payments directly from my account as listed above. |
| | 4. I agree that if/when I no longer wish to participate in this program, I will notify the city in writing. |
| | 5. I understand that if any time my automatic payment does not go through due to lack of funds in the account, I will be charged the $25.00 Non-Sufficient Fund fee by the City of Clare, and I will automatically be removed from the Automatic Bill Payment Program. |

**RETURN FORM TO:**

**CITY OF CLARE**
**202 WEST FIFTH STREET**
**CLARE, MI 48617**
989/386-7541, x107 (Taxes)
989/386-7541, x201 (Utilities)

*Customer's Signature*

*Date Signed*

**ATTENTION: CITY EMPLOYEE RECEIVING THIS FORM:**
*Please provide the customer with a photocopy of the completed, signed form.*