CITY OF CLARE

AUTOMATIC BILL PAYMENT ENROLLMENT FORM

for

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

PERSONAL INFORMATION:

SERVICE ADDRESS:	
PROPERTY OWNER'S NAME:	
NAME AS SHOWN ON UTILITY 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:

☐ Checking Account – Please attach a voided check.

☐ Savings Account – Please attach copy of bank document showing typed account number (not hand written)

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 W. FIFTH STREET
CLARE, MI 48617
989/386-7541, x201

Customer's Signature

Date Signed

ATTENTION: CITY EMPLOYEE RECEIVING THIS FORM:

Please provide the customer with a photocopy of the completed, signed form.