

# Automatic Bill Payment Enrollment Form

Complete the contact information requested below (please print):

Name (as shown on your bill) \_\_\_\_\_

Service Address \_\_\_\_\_ Acct # \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Provide your signature for authorization:

I authorize City of Mason to deduct my utility bill payment from the checking or savings 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 City of Mason in writing 15 days in advance of the date to discontinue.** I also understand that all information provided will remain confidential. If your bank account has insufficient funds or payment is returned unpaid for any reason, you will be charged a NSF fee of \$25.00. In addition, all applicable penalties will be applied if not paid by the due date.

**THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Provide the required financial information below:

To ensure the correct account number is used for this electronic payment and to obtain the ABA/routing number, please contact your financial institution for assistance.

Name of Financial Institution \_\_\_\_\_

ABA/routing number \_\_\_\_\_

Checking Acct # \_\_\_\_\_ **OR** Savings Acct # \_\_\_\_\_

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Complete this section and remove this portion to keep for your records:

On (today's date) \_\_\_\_\_ I authorized City of Mason to withdraw my utility payments using the following financial institution information. I understand it may take up to 30 days for Automatic Bill Payment to go into effect.

Name of financial institution \_\_\_\_\_

Account # \_\_\_\_\_  Checking  Savings



**CITY OF MASON**  
201 W ASH PO BOX 370  
MASON MI 48854  
PHONE: (517) 676-9155

I will continue to receive a utility bill each quarter showing the amount that will be deducted from my bank account.