

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.

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 # _____

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.