

Village of Bay City

Automatic Payment Authorization

I (we) hereby authorize the VILLAGE OF BAY CITY – WATER/SEWER/GARBAGE UTILITIES to deduct funds from my (our) checking or savings account indicated below at the FINANCIAL INSTITUTION named below.		
Financial Institution Name:		
Financial Institution Address:		
Payment Type (Circle One)	Checking Account	Savings Account
Bank Routing No:	Bank Acct No:	
This authorization is to remain in full force and effect until the VILLAGE OF BAY CITY – WATER/SEWER/GARBAGE UTILITIES and FINANCIAL INSTITUTION has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the VILLAGE OF BAY CITY – WATER/SEWER/GARBAGE UTILITIES and FINANCIAL INSTITUTION a reasonable opportunity to act on it.		
Print Name:	Print Name:	
Signature:	Signature:	
Property Address:	Date:	
Water/Sewer Account #:	Village Staff Area Only – Leave Blank	
Daytime Telephone: ()	PLEASE RETURN A VOIDED CHECK WITH YOUR FORM	

***Financial Institution Verification:**

Checking Account: Please attach a voided check to this agreement.

Savings Account: Check with your financial institution to verify routing and account number.

FUNDS WILL BE REMOVED FROM YOUR ACCOUNT ON THE BILLING DUE DATE FOR THE AMOUNT DUE.