



City of Kingsford

The Progressive City

UTILITY BILLING AUTHORIZATION & ENROLLMENT FORM FOR PRE-AUTHORIZED PAYMENT (ACH DEBITS) AUTOMATIC FUNDS TRANSFER

RESIDENT INFORMATION

Name _____ Utility Acct # _____

Service Address _____ City _____ St _____ Zip _____

Phone No. _____ Email _____

Mailing Address (if different than above): _____

Invoice Method (check one): Regular Mail _____ Email _____

FINANCIAL INSTITUTION INFORMATION ***ATTACH A VOIDED CHECK OR SAVINGS WITHDRAWAL SLIP***

Name of Financial Institution _____

Address _____ City _____ St _____ Zip _____

Phone No. _____ 9-digit Routing Number: _____

ACCOUNT NUMBER: _____ Type: ___ Checking ___ Savings

Print Name(s) on account: _____

I, _____, hereby authorize the City of Kingsford to automatically withdraw from my account identified above the total amount on my utility billing statement. I authorize the financial institution named above to accept such transactions initiated by the City of Kingsford. The withdrawals shall be made from my account on the due date indicated on each billing statement. This authorization is to remain in effect until the City of Kingsford has received written notification from me (or either of us) of termination at least ten business days prior to the next regular billing date.

Signature

Date

OFFICE USE ONLY

Date received: _____ via: ___ Mail ___ Email ___ In-person

Received by: _____

Service will take effect on: _____

305 S. Carpenter Avenue, Kingsford, Michigan 49802
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This Institution is an Equal Opportunity Provider and Employer