



## AUTOMATIC UTILITY PAYMENT ENROLLMENT FORM

By submitting this form, you authorize the City of Kalamazoo to deduct your payment from the checking or savings account listed on this form and acknowledge that you control your payment. If you decide to discontinue this payment service, you agree to notify the City of Kalamazoo in writing at least two weeks prior to the due date. If the City of Kalamazoo is notified of returned payment on two occasions within a 12-month period, you will be removed from this plan and a deposit will be required.

### APPLICANT INFORMATION

Name:

Utility account number:

Phone:

Service address:

City:

State:

ZIP Code:

### PAPERLESS BILLING

Would you like to enroll in paperless billing (this is not required):  Yes  No

Email address:

### BANK INFORMATION

Name of financial institution:

Account number:

Checking

Savings

ABA/Routing number:

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

### SIGNATURE

Signature:

Date:

### VOIDED CHECK

Please attach a copy of a voided check here. If your payment will be deducted from a savings account, please attach a copy of a bank statement to this form.