



# THE CITY OF MT. PLEASANT, MICHIGAN

## Utility Billing

P. O. Box 503, Mt. Pleasant, MI 48804-0503  
(989) 779-5381 ■ (989) 773-4691 fax  
Michigan Relay & Hearing Impaired 1-800-649-3777

### AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Please complete the information requested below or attach a void check, deposit slip or copy of either. Return this form with signature(s) to the City Treasurer's Office at City Hall.

#### BANK/CREDIT UNION

Name of Bank/Credit Union \_\_\_\_\_

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

Transit/ABA No. \_\_\_\_\_

(left side of check between |:123456789:| )

Bank/Credit Union Account Number \_\_\_\_\_

Type of Account (must check one)  Checking  Saving

#### UTILITY ACCOUNT INFORMATION

Print Name(s) \_\_\_\_\_

Utility Account # \_\_\_\_\_ Service Address \_\_\_\_\_

Utility Account # \_\_\_\_\_ Service Address \_\_\_\_\_

#### AUTHORIZATION

I (we) hereby authorize the City of Mt. Pleasant to initiate debit entries to my (our) account at the bank/credit union named above. The debit to my (our) account will be on the 15<sup>th</sup> day of each month for my utility account balance due.

This authority is to remain in full force and effect until the City of Mt. Pleasant and the above-named bank/credit union have received written notification from me (or either of us) or until utility service is terminated. Termination of this authority shall be in such a manner as to afford the City of Mt. Pleasant and the bank/credit union reasonable opportunity to act on it. Insufficient funds will follow the same City policy as a "non-sufficient funds check".

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

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