



City of Eaton Rapids Automatic Payment Authorization Form

Accountholder Name: _____

Account Number: _____ Phone: _____

Service Address: _____

Email: _____

Check this box to enroll in paperless billing and sign below. Must include email above.

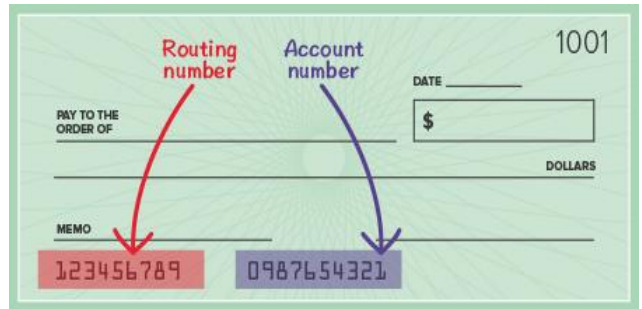
Name of Financial Institution: _____

Routing Number:

Account Number:

____ Checking Account

____ Savings Account



Check this box to **STOP** automatic payment and sign below

I authorize the City of Eaton Rapids to deduct my utility payment form the checking or savings account listed above. I understand that I control my payments, and if at any time I decide to discontinue this service, I will provide written notification in such time and manner as to afford the City of Eaton Rapids and depository a reasonable time to act on it.

Signature: _____ **Date:** _____

Return to: City of Eaton Rapids, 200 S. Main St., Eaton Rapids, MI 48827

Office Use Only:

Received Date: _____