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 15th 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