



Agreement for Utility Payment By Automatic Withdrawal

Customer Name: _____ Phone: _____

Address: _____ Utility Acc. #: _____

Email: _____

Check for paperless billing

Effective _____, I hereby authorize the City of Escanaba to withdraw debits to my account indicated below.

Bank Name: _____ Acc. #: _____

Address: _____ Routing #: _____

Checking

Savings

Starting with the first billing cycle following the effective date above, such charges are to be withdrawn **10 days** prior to the due date of each monthly bill.

I further hereby authorize the bank indicated above to debit my account for all sums, which the City of Escanaba may request said bank to charge. I understand and agree that the above bank, any other bank or clearing house, shall have any responsibility for the correctness of any such charge, and that any disputes involving frequency or amount thereof, shall be handled by me directly with the City of Escanaba. This authority shall remain in full force and effect until the City of Escanaba receives written notice to terminate such authority.

Printed Name

Joint Account Owner Name

Signed Name

Date

Joint Account Signature

Date

Send completed form to: City of Escanaba
Utility Billing
P.O. Box 948
Escanaba, MI 49829

Or by email to: treasurer@escanaba.org



Mission Statement:

Enhancing the enjoyment and livability of our community by providing quality municipal services.

The City of Escanaba is an equal opportunity employer and provider.