

AUTOMATIC BILL PAYMENT ENROLLMENT FORM

Customer Name _____ Service Address _____

Mailing Address (if different) _____

Home Phone _____ Work Phone _____

Name of Financial Institution _____

Nine Digit ABA/Routing Number _____

Checking Account # _____ OR Savings Account # _____

(Enclose a voided check) UTILITY BILLING ACCOUNT # _____

I authorize the City of Battle Creek Utility Billing Office to deduct my payment from the checking or savings account listed above. I understand that I control my payments, and if at any time I decide to discontinue this payment service I will notify the City of Battle Creek Utility Billing Office.

Signature _____ Date _____