

## 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 \_\_\_\_\_