



**City of Auburn**  
**113 E. Elm Street**  
**Auburn, MI 48611**  
**(989) 662-6761**

**AUTHORIZATION FOR AUTOMATIC BILL PAYMENT WITHDRAWAL**

**Utility billing Acct #** \_\_\_\_\_  
**Property Address** \_\_\_\_\_

I hereby authorize the City of Auburn to make quarterly withdrawals from my account at the financial institution indentified below for payment of my utility billing account at the City of Auburn, and authorize my financial institution to charge such withdrawals to my listed account.

Such withdrawals shall be for the total amount due on the account listed above and shall be payable quarterly on the **19th day of the month in which the bill is due.** (*Withdrawals shall be made on the next business day in the event the 19th day of the month falls on a weekend.*) I hereby acknowledge and agree that a \$25.00 NSF fee shall be charged in the event funds are insufficient to pay the full amount at the time of withdrawal.

The withdrawals and adjustments authorized hereunder will be made electronically and under the Rules of Michigan Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the City of Auburn. I acknowledge receipt of a signed copy of this Authorization.

Account Type:     Checking     Savings

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Name of Financial Institution	Bank ABA Routing No.	Account No. to Debit
Name of Authorizing Party	Mailing Address	City      State      Zip Code
Signature of Authorizing Party	Date	Phone Number

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Date of Prenote: \_\_\_\_\_ Date of Termination: \_\_\_\_\_