

To sign up for the **AUTOMATIC BILL PAYMENT** service just complete this form, print it and mail it with a voided check or deposit slip to:

**MUSKEGON COUNTY DEPARTMENT OF PUBLIC WORKS
1903 MARQUETTE AVE, SUITE A203
MUSKEGON, MI 49442**

Authorization for Automatic Bill Payment

I (print name of checking/savings account holder), _____
Authorize my bank to make payments directly to the Muskegon County Department of Public Works and post the amount to my bank account. Such payments shall be equal to the amount shown on the water bill. Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the Rule of the Michigan Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the Muskegon County Department of Public Works.

Name (as shown on water bill): _____

Service Address: _____

Mailing Address (if different): _____

Water Account #: _____ Phone #: _____

Bank Name: _____

Bank Address: _____

Checking Account #: _____

Attach a **VOIDED CHECK** if withdrawing funds from checking account

OR

Savings Account #: _____

Attach a **DEPOSIT SLIP** if withdrawing funds from Savings account

Authorized Signature: _____ Date: _____

Office use only:

Date Rec'd: _____

Begin with Billing: _____

Bank ABA #: _____