



City of Evert
5814 100th Ave,
Evert, Michigan 49631
Phone: 231-734-2181
Fax: 231-734-3917

Dear Customer,

We appreciate your payments. We currently accept cash, personal checks, Visa and MasterCard. In order to serve you better we now offer automatic payments from your bank account. Automatic payments are easy to do and safeguard your bank information. Just fill out the form below and return it to City Hall along with a copy of a cancelled check.

Authorization for Automatic Payment of Recurring Utility Billing from Your Bank Account (ACH)

Name and Address as it appears on your bank account:

Name: _____ Utility Account Number: 0 _____

Address: _____ Phone Number: _____

E-Mail Address: _____ ****REQUIRED****

Bank Name: _____ Bank Routing Number: _____

Bank Account Number: _____ Account Type: _____ Checking _____ Savings

Please Note: Payments will be withdrawn on the 15th of the month unless the 15th is a weekend or Holiday, then it will be withdrawn on the next business day. Prior to the withdrawal date you will receive a monthly e-mail notice showing the future debit. The City is not responsible for any fees from your financial institution.

All future Utility Bills will be sent through e-mail.

Begin Date: _____

_____ I hereby authorize the City of Evert to initiate a recurring electronic transaction from my bank account at the financial institution indicated above. Transactions will be completed according to payment details provided. I further authorize the City of Evert to recover funds deposited in error by debiting my bank account or adjusting future transactions. Michigan Law governs electronic funds transactions authorized by this Agreement in all respects except as otherwise superseded by Federal Law.

Please call our office at 231-734-2181 with any questions you may have about automatic payments.

_____ I understand requests to hold or stop ACH payments must be received 5 business days prior to the deduction date.

Signature:

Date:

Mail completed form and a cancelled check to: City of Evert, 5814 100th Ave., Evert, MI 49631



ACH DEBIT STOP PAYMENT REQUEST FORM

Please stop payment of the Automated Clearing House (ACH) debit specified below.

In order to be effective, the Stop-payment Order must be received at least 5 business days prior to the next withdrawal date.

Name: _____

Address: _____

Phone Number: _____

Utility Account Number _____

Bank Name: _____

Bank Account Number: _____

Savings: _____ Checking: _____

The Stop-Payment Order above is hereof released.

Authorized Signature

Date