



City of Ewart  
5814 100<sup>th</sup> Ave,  
Ewart, 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.

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**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Please Note: Payments will be withdrawn on the 15<sup>th</sup> of the month unless the 15<sup>th</sup> is a weekend or Holiday, then it will be withdrawn on the next business day.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 Ewart 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 Ewart 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 Michigan Law governs electronic funds transactions authorized by this Agreement in all respects except as otherwise superseded by Federal Law.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 Ewart, 5814 100<sup>th</sup> Ave., Ewart, 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