



City of Kingsford

The Progressive City

UTILITY BILLING PRE-AUTHORIZED PAYMENT (ACH DEBIT) AUTOMATIC FUNDS TRANSFER AUTHORIZATION & ENROLLMENT FORM

RESIDENT INFORMATION

Name _____ Utility Acct # _____
Service Address _____ City _____ St _____
Zip _____
Phone No. _____ Email _____
Mailing Address (if different than above): _____
Invoice Delivery Method (select one): Regular Mail _____ Email _____

FINANCIAL INSTITUTION INFORMATION ***ATTACH A VOIDED CHECK OR SAVINGS WITHDRAWAL SLIP***

Name of Financial Institution _____
Address _____ City _____ St _____
Zip _____
Phone No. _____ 9-digit Routing Number: _____
ACCOUNT NUMBER: _____ Type: ___ Checking ___ Savings
Print Name(s) on account: _____

I, _____, hereby authorize the City of Kingsford to automatically withdraw from my account identified above the total amount on my utility billing statement. I authorize the financial institution named above to accept such transactions initiated by the City of Kingsford. The withdrawals shall be made from my account on the due date indicated on each billing statement. This authorization is to remain in effect until the City of Kingsford has received written notification from me (or either of us) of termination at least ten business days prior to the next regular billing date.

Signature Date

OFFICE USE ONLY

Date received: _____ via: ___ Mail ___ Email ___ In-person ___ Drop-box
Received by: _____ Service will take effect on: _____

305 S. Carpenter Avenue, Kingsford, Michigan 49802
Ph: (906) 774-3526 Fax: (906) 774-7093
www.kingsfordmi.gov