



City of Kingsford

UTILITY BILLING

Pre-authorized Payment (ACH DEBITS)

Automatic Funds Transfer Authorization & Enrollment Form

Resident Information

First & Last Name _____ Utility Account # _____

Service Address _____ City _____ St _____ Zip _____

Phone No. _____ Email _____

Mailing Address (if different than above): _____

I'd like to receive my Utility Bills Via: Email Regular Mail

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 monthly utility billing statement. I authorize the financial institution names above to accept such transactions initiated by the City of Kingsford. I agree that ACH transactions that I authorize comply with all applicable laws. The withdrawals shall be made from my account on the due date indicated on each monthly 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.

Requested Start Date: _____

Resident Signature _____

Date _____

Single Withdrawal

Multiple Withdrawals

Recurring Withdrawals

OFFICE USE ONLY

Date Received: _____ Via: Mail Email In-person Drop-box Received by: _____

Service will take effect on: _____

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THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER