



# City of St. Louis, Michigan

## Utility Billing

300 N. Mill Street, St. Louis, MI 48880  
Ph. 989-681-2137 \* Fax 989-681-3842

### **AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

Please complete the information requested below AND attach a void check, deposit slip or copy of either. Return this form with signature(s) to City Hall.

#### BANK/CREDIT UNION

Name of Bank/Credit Union \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Transit/ABA No. (left side of the check) \_\_\_\_\_

Bank/Credit Union Account Number \_\_\_\_\_

Type of Account (must check one)  Checking  Savings

#### UTILITY ACCOUNT INFORMATION

Print Name(s) \_\_\_\_\_

Utility Account #: \_\_\_\_\_

Service Address: \_\_\_\_\_

#### AUTHORIZATION

I (we) hereby authorize the City of St. Louis to initiate debit entries to my (our) account at the bank/credit union named above. The debit to my(our) account will be on the 8<sup>th</sup> day of each month for my utility account balance due.

This authority is to remain in full force and effect until the City of St. Louis and the above-named bank/credit union have received written notification from me (or either of us) or until utility service is terminated. Termination of this authority shall be in such a manner as to afford the City of St. Louis and the bank/credit union reasonable opportunity to act on it. Insufficient funds will follow the same City policy as a "non-sufficient funds check".

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature Date