



# CITY OF HOWELL

## Yes, Sign Me Up For Direct Payment For Water Bills!

Customer Name: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

I (We) hereby authorize the initiation of a deduction from my (our) account and the financial institution named below to debit such account. I (We) also understand that I (we) have the right to stop automatic payment by notifying the Utility Billing office in writing ten (10) days prior to the time my (our) account is charged.

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

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

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

What kind of account is this? Saving: \_\_\_\_\_ Checking: \_\_\_\_\_

Account Number: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_

*It is the customer's responsibility to ensure all information provided on this Automatic Bank Draft Authorization form is accurate (especially the Routing/Transit Number and the Bank Account Number), and there are sufficient funds in the bank account. Otherwise, your utility bill cannot be paid using this method.*