

Wyandotte Municipal Service

Automatic Bill Payment Enrollment Form

Name _____ Utility Account Number _____

Service Address _____

Mailing Address (if different) _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Daytime Phone Number _____

I authorize the Dept of Municipal Service to deduct my utility bill payments from the checking or savings account listed. I understand that I control my payments and if I *decide to discontinue this payment service I will notify the Dept of Municipal Service in writing.* I also understand that all information provided will remain confidential.

Signature _____ Date _____

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE.

Name of Financial Institution _____

ABA/Routing Number _____ - _____ - _____

Checking Acct # _____ OR Savings Acct # _____

PLEASE CONTACT YOUR FINANCIAL INSTITUTION FOR ASSISTANCE TO ENSURE THE CORRECT ACCOUNT NUMBER IS USED FOR THE ELECTRONIC PAYMENT AND TO OBTAIN THE ABA/ROUTING NUMBER.

➤ PLEASE ATTACH VOIDED CHECK HERE.

DMS accepted: _____ Date: _____ Customer Master: _____

For your convenience, you may include this application with your next bill payment.