# City of Hastings

COUNTY OF BARRY, STATE OF MICHIGAN

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## *Utility Billing Authorization Agreement for Automatic Bill Pay*

I (we) hereby authorize the City of Hastings to initiate debit entries to my (our) checking/savings account indicated below and authorize the financial institution named below to debit the same to such account. I (we) understand that debits will be applied to my (our) account on the 19th of each month. **This form must be received by the 15th of the month to take effect for the current invoice, anything received after the 15th will be processed next month.**

Financial Institution Name:_____

Branch City: _____ State:_____

Routing#: _____ Account #: _____

Account Type: ☐ **Checking** ☐ **Savings**

This agreement will remain in effect until both the City of Hastings and my financial institution have received written notification from me (us) of its termination. Such written notification will allow the City of Hastings and my financial institution a reasonable opportunity to act on it.

Customer Name: _____ Customer Phone #: _____

Service Address: _____ Account #: _____

_____ _____

(Customer Signature) (Date)

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*Office Use Only*

Date Received: _____ Received by: _____

First Debit: _____ Processed by: _____

(Month) (Year)