

City of Hastings
COUNTY OF BARRY, STATE OF MICHIGAN

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 depository institution named below to debit the same to such account. I (we) understand that debits will be applied to my (our) account on the 21st of each month. **This form must be received by the 15th of the month to take affect for the current invoice, anything received after the 15th will process next month.**

Depository Name: _____

City: _____ State: _____ Zip: _____

Transit / ABA #: _____ Account #: _____

Account Type: **Checking** **Savings**
(Please circle one)

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

Customer Name: _____ Customer Phone #: _____

Service Address: _____ Account #: _____

(Customer Signature)

(Date)

Office Use Only

Date Received: _____ Received by: _____

First Debit: _____ Processed by: _____
(Month) (Year)