

# AUTOMATIC WATER/SEWER BILL PAYMENT ENROLLMENT FORM

**\*\*FORM MUST BE RECEIVED 7-10 BUSINESS DAYS PRIOR TO DUE DATE TO BE WITHDRAWN AUTOMATICALLY\*\***

NEW ENROLLMENT

CHANGE ENROLLMENT INFORMATION

1. Complete the contact information requested below (please print):

**NAME:** \_\_\_\_\_

**CITY OF TROY SERVICE ADDRESS:** \_\_\_\_\_

**DAYTIME PHONE:** \_\_\_\_\_

**WATER/SEWER BILL ACCOUNT NUMBER(S):** \_\_\_\_\_ **(7 DIGITS)**

2. Provide your signature for authorization:

I hereby authorize the City of Troy to deduct my water/sewer bill payment from my checking or savings account listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. **I understand that I control my payments and if at any time I decide to discontinue this service I will submit the "Cancellation Form" directly to the City of Troy Treasurer's Office.** If the balance in my account is not sufficient to cover the electronic payment, a \$25 NSF fee will be added to my account in addition to the late penalty and I will be terminated from the program. All information will remain confidential.

### THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

**Signature (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

3. Provide the required financial information below:

To ensure the correct account number is used for this electronic payment and to obtain the ABA/routing number, please contact your financial institution for assistance.

**Name of Financial Institution** \_\_\_\_\_

**ABA/Routing Number** \_\_\_\_\_

**Checking Account #** \_\_\_\_\_

**OR**

**Savings Account #** \_\_\_\_\_

4. Completed form **MUST** be sent to :

City of Troy Treasurer's Office  
500 W. Big Beaver Rd  
Troy, MI 48084

**OR**

Email to: [treasurers@troymi.gov](mailto:treasurers@troymi.gov)  
Fax to: 248-524-3328