



CITY OF FRANKENMUTH
240 W Genesee St
Frankenmuth, MI 48734
989-652-9901
cityhall@frankenmuthcity.com

UTILITY BILL
AUTOMATIC PAYMENT ENROLLMENT FORM
(please print)

Name (as shown on bill) _____

Service Address _____

Mailing Address (if different) _____

City / State / Zip _____

Phone _____

E-mail Address _____

Yes, I want my utility bill emailed

Please deduct my Automatic Payment from:

Financial Institution _____

Routing Number _____

_____ **Checking Account Number** _____

or

_____ **Savings Account Number** _____

_____ **Utility Bill** _____ Pay Date: 20th

(Print the account number from each bill)

I authorize the City of Frankenmuth to deduct my payment(s) from the checking or savings account listed above.

I understand that I control my payments and if, at any time, my information changes, or I decide to discontinue this payment service, I will notify the City promptly.

Signature _____ **Date** _____

Please include a copy or a voided check with this form.