



**CITY OF FRANKENMUTH**  
240 W Genesee St  
Frankenmuth, MI 48734  
989-652-9901  
[cityhall@frankenmuthcity.com](mailto: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: 20<sup>th</sup>

(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.**