

City of Perry

203 W. Polly St.
Perry, MI 48872



www.perry.mi.us

Phone: (517) 625-6155
Fax: (517) 625-6157

Direct Debit (ACH) Utility Payment Authorization Form

Utility Account No. (As Shown on Utility Bill): 000000_____

Name: (Please Print): _____

Service Address: _____

Mailing Address (If Different): _____

Daytime Phone: _____ E-Mail: _____

I hereby authorize the City of Perry, hereinafter called COMPANY, or its agents, to initiate and deduct payments for each utility billing period and the depository, hereinafter called DEPOSITORY, named below, to deduct from the same such account indicated below.

Select One: Checking Account: _____ Savings Account: _____

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Transit/ABA No: _____ Account No: _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

DATE: _____ SIGNED x _____

This form cannot be processed without your Signature

Mail Original to: City of Perry, 203 West Polly Street, Perry, MI 48872
Phone: (517) 625-6155 – Fax: (517) 625-6157