

# ACH/Direct Debit Utility Payment Authorization



Completed forms and a blank voided check can be dropped off or mailed to city hall:

City of Perry  
203 W. Polly St.  
Perry, MI 48872

Questions about the program can be answered by  
city hall staff at (517) 625-6155.

Account Number: 00000\_\_\_\_ (located on your Utility Bill)

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Complete this only if different than service address.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_  Check this box to receive your monthly bill via e-mail instead of standard mail.

**Select One**

Checking Account  Savings Account

Depository Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing No: \_\_\_\_\_ Account No: \_\_\_\_\_

A voided check is required to confirm account information.

I hereby authorize the City of Perry, or its agents, to initiate and deduct payments for each utility billing period and the depository, named below, to deduct from the account indicated above. This authority is to remain in full force and effect until the City of Perry has received written notification from me of its termination in such time and in such manner as to afford the City of Perry and the depository a reasonable opportunity to act on it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_