

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.

Name: _____

Service Address: _____

City: ___Perry___ State: ___Michigan___ Zip: ___48872___

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

Bank/Credit Union 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: _____

Office Use Only: Account Number: _____ Date Entered: _____ Initials: _____