



Auto Bill Pay ACH Authorization Form

New Enrollment

Change in Financial Institution

Utility Billing

Tax Billing

Both

Completed forms can be mailed to: Roosevelt Park City Hall 900 Oak Ridge Rd. Roosevelt Park, MI 49441
Emailed: treasurer@rooseveltpark.org

City of Roosevelt Park Account Information

Name(s) Service Address

City of Roosevelt Park Account Number

Home/Cell Telephone

E-mail Address

Enroll in Paperless Billing using the email address provided and receive a \$1.00 credit each billing cycle

Financial Institution Information

Name(s) on the Financial Institution Account

Financial Institution Name

Financial Institution Address, City, State, Zip Code

Routing Number

Account Number

Account Type (check one): Checking Savings

Payments will be deducted from your financial institution account on the due date stated on your bill.

Automatic withdrawal will begin with the next billing cycle. Please continue to pay your bill until "DO NOT PAY THIS BILL. ACH ACCOUNT." appears on your statement. A \$1.00 billing credit will be added to Utility accounts only enrolled in autopay.

Based on the information above, I hereby authorize City of Roosevelt Park to initiate entries to my account at the Financial Institution named above, and authorize that financial institution to debit my account for those entries. I / We understand if corrections are necessary, it may invoice adjustment credit or debit transactions to my / our account. I / We acknowledge that origination ACH transactions must comply with the provisions of U.S. Law. This authority is to remain in full force and effect until City of Roosevelt Park has received **written** notification from the customer at least **30 days in advance** of the next scheduled payment. I have the right to stop payment on an individual entry or to have entries corrected by timely notification to my Financial Institution. City of Roosevelt Park also has the right to cancel this agreement for insufficient payments to my account. Returned ACH payments will be subject to a \$50 NSF fee.

(Print Individual Name)

(Signature)

(Date)

(Print Individual Name)

(Signature)

(Date)