



# City of Roosevelt Park

*A Proud Community*

## 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  
Faxed: 231-755-1441 Emailed: [treasurer@rooseveltpark.org](mailto: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

### 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.

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)