

Please Check One:

## 407 State St. Hart, MI 49420

Telephone: 231-873-2488 Fax: 231-873-0100

**Change in Banking Information** 

## **AUTO-PAY PROGRAM**

Auto-pay allows your City of Hart utility bill to be automatically deducted from your checking or savings account when you sign up for the program. Payment will be deducted 15<sup>th</sup> day of the month. If the 15<sup>th</sup> falls on a Saturday or Sunday it will be deducted on the Friday before. You will still receive a bill each month, however rather than writing a check and bringing it in or sending one, it will be automatically withdrawn from your account saving you time and postage. There are no extra fees for signing up for the program. To enroll, please fill out the form below and attach a voided check or deposit slip.

**New Applicant** 

Name:	··		
Billing Address, if different: _			
- Home Phone	Work Phone	 Cell	
	Work Phone		_
		<del></del>	
Account Type:Checking	Savings		
Routing Number:	Accou	unt Number:	<del></del>
Account Holders Name(s):			<del></del>
<ol> <li>effect until I cancel my particle.</li> <li>My account must be current.</li> <li>The City of Hart can withdre month, if the 15<sup>th</sup> falls on a changes to my banking inforday of the month. Any billing.</li> <li>An attempt to withdraw me the event that all funds are be added to my account an Once the account is current period, it will be removed for the unit of the period.</li> <li>Unless otherwise directed, receive a paper bill in the message.</li> <li>Autopay will take effect ap</li> </ol>	Pay Program. I understand that mipation in writing. I understand and (\$0.00 balance) to enroll in the law payment for my utility bills from Saturday or Sunday it will be withormation or if I decide to cancel ming disputes must be resolved by the oney will only take place once and anot in the account at the time of and I will be removed from the Autot, Auto-Pay will resume. If a utility from the Auto-Pay program.  I agree to receive my utility bill at mail. If email is unavailable, paper proximately 30 days after I enroll. The right to cancel or terminate the	program. In my account listed above, on the drawn on the Friday before. If y enrollment into this program I the 10 <sup>th</sup> day of the month. If it will be for the entire balance withdraw a non-sufficient funds to-Pay program until my account y account is NSF more than 2 ting the email address provided and bills will continue to be sent.	the 15 <sup>th</sup> of each there are any I will do so by the 5 <sup>th</sup> of the account. In s (NSF) fee of \$35 will is brought current. nes in a 6 month
Signature:		Date:	
Office Use Only: Date Info Entered: Voided Check or Deposit Sl	Enter	red By:	Yes No