



# City of Grosse Pointe Woods

## Utility Bill

### Direct Payment Enrollment Authorization Application

**1. Please complete the information requested below (please print):**

Name (as shown on bill) \_\_\_\_\_  
 Service Address \_\_\_\_\_  
 Daytime Phone # \_\_\_\_\_  
 Financial Institution \_\_\_\_\_  
 ABA/Routing Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Account Type      Checking    \_\_\_    Savings    \_\_\_  
 Account Number \_\_\_\_\_

\*\*\*\*(Attach a voided check)\*\*\*\*

**2. Provide your signature for authorization:**

On (insert today's date) \_\_\_/\_\_\_/\_\_\_\_\_, I authorize the City of Grosse Pointe Woods to enroll me into the direct payment program and withdraw my **WATER BILL ONLY** from the checking or savings account listed above. **I understand that I control my payments and if at any time I decide to discontinue this payment service, I will notify the City of Grosse Pointe Woods Billing Department.** I also understand that all information provided will remain confidential.

**Effective Date Requested** \_\_\_\_\_ (Next billing due date will be used if left blank)

**Requirements** Please sign below and attach a voided check from the account specified above for account verification purposes. Without this requirement, this form will not be processed. Please return form to City Hall Utility Billing Department.

**Signature** \_\_\_\_\_ **Date** \_\_\_ / \_\_\_ / \_\_\_

.....  
**3. Complete this section and detach at the dotted line and retain for your records:**

On (insert today's date) \_\_\_/\_\_\_/\_\_\_\_\_, I authorize the City of Grosse Pointe Woods to enroll me into the direct payment program and withdraw my **WATER BILL ONLY** from the checking or savings account listed below. **I understand that I control my payments and if at any time I decide to discontinue this payment service, I will notify the City of Grosse Pointe Woods Billing Department.** I also understand that all information provided will remain confidential. If you have any questions, please contact Tina Hoenicke (313-343-2430) or Cathy Behrens (313-343-2604).

\*\*\*\*Please note that effective date may be delayed due to billing due dates. \*\*\*\*

Financial Institution \_\_\_\_\_  
 ABA/Routing Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Account Type      Checking    \_\_\_    Savings    \_\_\_  
 Account Number \_\_\_\_\_