



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 _____

****(Enclose 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.

******Please allow at least 60 days for automatic payment to go into effect.******

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** ___/___/_____

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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 Betty Meli (343-2430) or Dee Ann Irby (343-2604).

******Please allow at least 60 days for automatic payment to go into effect.******

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 ABA/Routing Number _____ - _____ - _____
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