

City of Grosse Pointe Woods Utility Bill Direct Payment Enrollment Authorization Application

1.	Please com	plete 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 o	eck)****	
2.	Provide your signature	for authorization	n:	
	payment program and with understand that I cont	draw my <u>WATER I</u> trol my paymen te City of Grosso	authorize the City of Grosse Pointe Wood ILL ONLY from the checking or savings a and if at any time I decide to discording Woods Billing Department.	ccount listed above. I ontinue this payment
	Effective I	Date Requested	(Next billing due date	e will be used if left blank)
	Requirements Please	sion helow and	attach a voided check from the acco	ount specified above for
	accou	<mark>nt verification p</mark>	rposes. Without this requirement, rn form to City Hall Utility Billing	this form will not be Department.
	accou	<mark>nt verification p</mark>	rposes. Without this requirement, rn form to City Hall Utility Billing	this form will not be
	accouproce Signature	nt verification p ssed. Please ret	rposes. Without this requirement, rn form to City Hall Utility Billing	this form will not be Department.
3.	accouproce Signature	nt verification p ssed. Please ret	rposes. Without this requirement, rn form to City Hall Utility Billing Date	this form will not be Department.
3.	Complete this section a On (insert today's date) payment program and with understand that I contacts service, I will notify the	nt verification passed. Please ret nd detach at the draw my WATER at trol my paymen ne City of Grosse	rposes. Without this requirement, rn form to City Hall Utility Billing Date /	this form will not be Department. / ords: s to enroll me into the direct count listed below. I ontinue this payment I also understand that all
3.	Complete this section a On (insert today's date) payment program and with understand that I cont service, I will notify th information provided will to	nt verification possed. Please ret nd detach at the // draw my WATER in trol my paymen ne City of Grosser remain confidential	trposes. Without this requirement, rn form to City Hall Utility Billing Date Date dotted line and retain for your recommend authorize the City of Grosse Pointe Wood HLL ONLY from the checking or savings as and if at any time I decide to discompointe Woods Billing Department.	this form will not be Department. / ords: s to enroll me into the direct count listed below. I ontinue this payment I also understand that all Water Billing: 313-343-2430
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