
Convenient

*When it comes to paying your bills, use the convenient way and easy way. Pay with **AUTOMATIC BILL PAYMENT.***

- Eliminates the need to write checks and reduces the time spent paying bills.
- Saves on check fees.
- Payments are automatically recorded on your account statement by your financial institution.

CITY OF GRAND HAVEN
519 Washington Avenue
Grand Haven, MI 49417
Address Service Requested

AUTOMATIC BILL PAYMENT FOR YOUR WATER BILL

It is dependable, convenient and easy to use

It saves time and money.



CITY OF GRAND HAVEN
Water Department
519 Washington Ave.
Grand Haven, MI 49417

Tel: 616-847-4895
Fax: 616-847-3496

FIRST CLASS
U.S. POSTAGE
PAID
GRAND HAVEN, MI
PERMIT NO. 94

Dependable

With **AUTOMATIC BILL PAYMENT** your water bills are paid automatically and on time.

You authorize us to charge your checking or savings account the amount shown on your bill on the payment date.

Payments are not lost or delayed in the mail.

Payments are made on the scheduled payment date.

Late charges are eliminated.

AUTOMATIC BILL PAYMENT is simple to initiate.

To sign up for the **AUTOMATIC BILL PAYMENT** service just complete the next section and return it with a voided check or deposit slip to:

**CITY OF GRAND HAVEN
WATER DEPARTMENT
519 WASHINGTON AVE.
GRAND HAVEN, MI 49417**

Authorization for Automatic Bill Payment

I (print name of checking/savings account holder), _____ authorize my bank to make monthly payments directly to the City of Grand Haven and post them to my bank account. Such payments shall be equal to the amount shown on the monthly water bill and payable on the due date shown on that bill. Adjusting entries to correct errors are also authorized. It is agreed that these withdrawals and adjustments may be made electronically and under the Rules of the Michigan Automated Clearing House Association. This authorization will remain in effect until written notice of termination is given to the City of Grand Haven.

Name (as shown on your bill): _____

Service Address: _____

Mailing Address (if different): _____

City/State/Zip: _____

Water Customer/Account #: _____ Daytime Phone: _____

Bank Name: _____

Bank Address: _____

Checking Account #: _____

(Attach a **VOIDED CHECK** if withdrawing funds from your Checking Account)

OR

Savings Account #: _____

(Attach a **DEPOSIT SLIP** if withdrawing funds from your Savings Account.)

SIGNATURE: _____ Date: _____

Office Use: Date Rec'd: _____

Begin with Billing: _____

Bank ABA#: _____
