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.

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
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 VOIED CHECK if withdrawing funds from your Checking Account)

OR

Savings Account #: ___________________________ (Attach a VOIED CHECK if withdrawing funds from your Savings Account.)

SIGNATURE: ___________________________ Date: _________________

Office Use: Date Rec’d: ___________________________

Begin with Billing: ___________________________

Bank ABA#: ___________________________