



Utility Billing Automatic Bill Payment Enrollment Form

Please complete this form, print and mail back to Utility Billing Manager, 700 Broad Street, St. Joseph, MI 49085 or fax to 269-985-0347

Applicant Name: _____

Service Address: _____

Best Phone No.: _____ Alternate Phone No.: _____

Account Number: _____ Email: _____

Would you like to receive your statement by USPS or E-mail?

I authorize the St. Joseph Water Department and my financial institution to automatically deduct my water/sewer payment from the checking or savings account listed below. I understand either party may cancel this agreement, in writing, at anytime.

Name of Financial Institution: _____

Banking Routing Number: _____

Banking Account Number: _____

This account is a Checking Account Savings Account

IMPORTANT NOTE: TO ENSURE PROPER ACCOUNT INFORMATION, YOU MUST ATTACH A CHECK MARKED VOID. ENROLLMENT CANNOT BE COMPLETED WITHOUT YOUR SIGNATURE BELOW. WHEN ENROLLMENT BECOMES EFFECTIVE, YOUR BALANCE DUE WILL BE DEDUCTED FROM YOUR BANK ACCOUNT ON THE DUE DATE. PLEASE CONTINUE TO MAIL YOUR PAYMENT UNTIL YOUR BILL STUB INDICATES THAT THE AUTO WITHDRAWAL (ACH) IS EFFECTIVE. THIS PROCESS NORMALLY TAKES THIRTY (30) DAYS.

Account Holder Name: _____

Signature of Account Holder

Date

For Office Use Only - Cycle _____

Signature _____

Voided Check _____

Account Updated _____

Cycle _____