

CITY OF MARSHALL
323 W. Michigan Avenue
Marshall, MI 49068
Phn: 269-781-3967

AUTOMATIC BILL PAYMENT ENROLLMENT FORM

Name (as shown on your bill): _____

Service Address: _____

City/State/Zip: _____

Mailing Address (If different): _____

Account Number: _____ Daytime Phone: _____

I, (print name of Checking Account holder), _____
authorize my bank to make my monthly payments directly to the City of Marshall,
and post them to my bank account for an indefinite period of time, or to end as of
the month of _____.

Bank Name: _____

Bank Address: _____

Checking Account Number: _____

(attach a VOIDED check with this form)

- I understand that I am in full control of my payment, and that I can write and/or call the City of Marshall to ask questions.
- I understand that my utility bill payment will be automatically deducted from my checking account. The amount owed may be deducted up to 4 days prior to my due date.
- I understand that I will still receive a copy of my monthly bill so that I may review the charges.
- I understand that requests to discontinue this program must be in writing.

Signature: _____ Date: _____

For Office Use Only Date Received: _____ Date to Begin: _____

Bank ABA #: _____