City of Marquette Utility Billing Authorization & Enrollment Form for Autopay Automatic Funds Transfer

Name:_____ Service Address:_____

Mailing Address:_____ City:_____ State:_____ Zip:_____

Phone Number:_____ Email:_____

Paperless Billing ☐ Yes, please make sure email is provided. ☐ No, Thank you.

Financial Institution Name: _____

Account Number:_____ Routing Number: _____
The first nine numbers encoded on the bottom line of check

Please Check one:

☐ Personal Checking : Attach a VOIDED check, no starter checks or deposit slips.

☐ Business Checking : Attach a VOIDED check, no starter checks or deposit slips.

☐ Savings : Attach a savings withdrawal slip, no deposit slips

Please Note: As an alternative, you may attach computer generated documentation from your financial institution that states the following account information: Account Holder Names, Routing Number, Account Number, and type of account. Handwritten letters will not be accepted.

I hereby authorize the City of Marquette to automatically withdraw from my account identified here, the total amount due on my billing statement. I authorize the Financial Institution named above to accept such transactions initiatied by the City of Marquette. The withdrawals shall be made from my account on the due date indicated on each billing statement. ***** This authorization is to remain in effect until the City of Marquette has received written notification from me of termination at least **FIVE days** before the next regular billing date.*****

Print Name _____ Signature: _____

Date:_____

Return completed form and documents to:
City of Marquette: Utility Billing
300 W. Baraga Ave.
Marquette, MI 49855

Fax: 906-228-0409
Email : utilitybilling@marquettemi.gov

Any questions please call : 906 - 228- 0420

Office Use Only : Account Number _____ Date Entered:_____ Date Activated:_____