

City of East Jordan

Water/Sewer Department Direct Payment Enrollment Form

For City of East Jordan Use Only:

Entered: _____

Confirmed: _____

The City of East Jordan has a voluntary automatic payment plan for your utility bill. You will still receive your monthly statement indicating your usage and the amount due. Then payment will be deducted from your checking or savings account on the due date. The plan is quick, simple, helps you avoid any penalties and it is free.

To participate in the automatic payment plan, simply fill out the form below and return to City Hall, via mail or drop off, along with a voided check.

For any NSF rejections the City will follow Administrative Policy #125 and Policy #103/CT.

1. Complete the contact information request below (please print):

Name: _____

Service Address: _____

Mailing Address: _____

Daytime Phone: _____

Water/Sewer Billing Account Number: _____

2. Your Financial Institution Information: To ensure the correct account number is used for this electronic payment and to obtain the ABA routing number, please contact your financial institution for assistance.

Name of Financial Institution: _____

ABA/Routing Number: _____

Account Number: _____

Type of Account: (Checking or Savings): _____

3. Provide your signature for authorization:

I authorize the City of East Jordan to deduct my water/sewer billing payments from my checking or savings account listed above. A new enrollment form is required if I change my bank account. If I decide to cancel my direct payment participation I will contact the City. I understand that I control my payments and if at any time I decide to discontinue or change this service, I will notify the City of East Jordan. The City of East Jordan will need 10 business days prior to the due date to make any corrections to your account. I remain responsible for any late fees for other charges due to incorrect bank account information, non-sufficient funds in my account or other non-payment from my account.

4. Photocopy this form for your records and return original with your current payment or mail to:

City of East Jordan
PO Box 499
East Jordan, MI 49727

Questions? Call us at (231) 536-3381
Fax (231) 536-3383
info@eastjordancity.org

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

Signature: _____

Date: _____