



City of St. Louis, Michigan

Utility Billing

300 N. Mill Street, St. Louis, MI 48880

Ph. 989-681-2137 * Fax 989-681-3842

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Please complete the information requested below AND attach a void check, deposit slip or copy of either. Return this form with signature(s) to City Hall.

BANK/CREDIT UNION

Name of Bank/Credit Union _____

City _____ State _____ Zip Code _____

Transit/ABA No. (left side of the check) _____

Bank/Credit Union Account Number _____

Type of Account (must check one) Checking Savings

UTILITY ACCOUNT INFORMATION

Print Name(s) _____

Utility Account #: _____

Service Address: _____

Phone Number: _____

AUTHORIZATION

I (we) herby authorize the City of St. Louis to initiate debit entries to my (our) account at the bank/credit union named above. The debit to my (our) account will be on the 10th day of each month for my utility account balance due. If the 10th falls on the weekend, payment will be taken the Friday before.

This authority is to remain in full force and effect until the City of St. Louis and the above-named bank/credit union have received written notification from me (or either of us) or until utility service is terminated. Termination of this authority shall be in such a manner as to afford the City of St. Louis and the bank/credit union reasonable opportunity to act on it. Insufficient funds will follow the same City policy as a "non-sufficient funds check".

Signature Date

Signature Date