



**Utilities Department
Bank Draft Authorization Form
Auto-Pay Program**

****No more check writing!**

****No postage required!**

****Automatic bank drafting from your
checking or savings account.**



BANK DRAFT AUTHORIZATION FORM

Please Check and Complete the Following Information:

New Applicant OR Change in Banking Information (effective date _____)

Customer Name: _____

Utility Account #: _____

Service Address: _____

Phone No.: _____ Email Address: _____

Financial Institution: _____

Bank Account Type: Checking Account Savings Account

I authorize the City of Cadillac to deduct from my account at the financial institution named in this application, for balance owing on my utility bill on its monthly due date. I understand that this authorization is in effect until the City of Cadillac, my financial institution or I revoke it. I understand that non-payment due to insufficient funds in my account will be processed by my financial institution and the City of Cadillac in the same manner as an insufficient funds check and I may be charged an insufficient funds fee by both. If I wish to discontinue my participation in the Auto-Pay program I will contact the City of Cadillac Utilities department with my written intent.

Authorized Account Holder's Signature: _____

Print Name of Authorized Account Holder: _____

Please attach voided check (if checking account is selected) A voided check **MUST** be attached to enroll in Auto-Pay program.

Mail completed form to: City of Cadillac, Utility Department, 200 N Lake St., Cadillac, MI 49601

(Attach check)