



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. A voided check MUST be attached to enroll in Auto-Pay program or letter from the Bank with your account number and routing number. Deposit slips will not be accepted. Mail completed form to: City of Cadillac, Utility Department, 200 N Lake St., Cadillac, MI 49601

(Attach check)