CITY OF FRANKENMUTH
240 W. Genesee
Frankenmuth, MI 48734-1398
989-652-9901
FAX – 989-652-3451

AUTOMATIC BILL PAYMENT ENROLLMENT FORM
(please print)

Name (as shown on bill) _____

Service Address _____

City / State / Zip _____

Mailing Address (if different) _____

Daytime Phone (_____) _____

E-mail Address _____

Please deduct my Automatic Bill Payment from my:

Name of Bank / Credit Union / Savings & Loan _____

____**Bank Routing Number** _____

____ **Checking Account**   **Account Number**_____

____ **Savings Account**   **Account Number** _____

I want the following included on my Automatic Bill Payment plan.
(Print the account number from each bill).

____ **Water Bill**_____Pay Date: 20th

____ **Taxes–Summer** _____ Pay Date: July 31

____ **Taxes–Winter** _____Pay Date: Dec. 31 or Feb. 14
(circle payment date desired)

I authorize the City of Frankenmuth to deduct my payment(s) from the checking or savings account listed above. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify the City.

Signature _____ **Date** _____

Be sure to enclose a copy or a voided check with this form.