

# City of Harbor Springs

160 Zoll Street \* Post Office Box 678  
Harbor Springs, Michigan 49740-0678  
Phone: (231) 526-2104 Fax: (231) 526-6865  
www.cityofharborsprings.com

To sign up for Auto Pay for your utility bill please complete this form and return it to the Utility Billing Clerk at 160 Zoll Street, Harbor Springs, MI 49740 by mail or in person at City Hall. Your monthly utility payment will be automatically deducted from your bank account on the 15th of every month. You will still receive a statement in the mail, "Auto Pay Customer" will be printed on the lower left corner. Auto Pay may be cancelled at any time. Please contact Tina at (231) 526-0602 if you have any questions.

## ACH DEBIT AUTHORIZATION AGREEMENT

Customer  
Name: \_\_\_\_\_  
Service  
Address: \_\_\_\_\_

Utility Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Utility Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Utility Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Utility Account Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I (we) hereby authorize the City of Harbor Springs (the "City") to initiate debit entries to either my (our):  
\_\_\_\_\_ checking account, or my (our) \_\_\_\_\_ savings account

to pay the monthly utility charges billed by the City of Harbor Springs. Indicated below at the depository financial institution (the DEPOSITORY) named below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. Law.

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

This authorization is to remain in full force and effect until the City of Harbor Springs has received written notification from the Customer of its termination in such time and in such manner as to afford the City and Depository a reasonable opportunity to act on it or for a minimum period of one (1) year.

\_\_\_\_\_  
Customer Signature Date

\_\_\_\_\_  
Nick W. Whitaker, City Clerk Date

\_\_\_\_\_  
Contact Telephone Number