



# City of Frankfort

412 Main Street, P.O. Box 351, Frankfort, MI 49635-0351  
Phone: (231) 352-7117 – Fax: (231) 352-7100

## ELECTRONIC PAYMENT ENROLLMENT FORM

**NOW YOU CAN PAY YOUR WATER/SEWER BILL ELECTRONICALLY THROUGH YOUR CHECKING ACCOUNT**

The City of Frankfort now offers you the option of paying your water/sewer bill electronically through your checking account. With the electronic payment option, you will still receive your bill in the mail so you can review it before payment. Your payment will automatically be deducted from your checking account on the 27<sup>th</sup> of the month. If this date falls on a weekend or holiday, the payment will be drawn on the next business day.

To enroll in the program, simply complete this form and return it along with a voided check from your checking account to: Kimberly K. Kidder, Clerk/Treasurer, City of Frankfort, P.O. Box 351, Frankfort, MI 49635.

**NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**SERVICE ADDRESS:** \_\_\_\_\_

**ACCOUNT NUMBER(S) OF WATER/SEWER BILLS TO BE PAID:** \_\_\_\_\_

**MONTH TO BEGIN ELECTRONIC PAYMENTS:** \_\_\_\_\_

I (we) hereby authorize the City of Frankfort (hereinafter called Company) and the depository named below (hereinafter called Financial Institution) to initiate debit entries to my (our) bank account indicated below.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

**NAME OF FINANCIAL INSTITUTION:** \_\_\_\_\_

**NAME ON CHECKING ACCOUNT:** \_\_\_\_\_

**CHECKING ACCOUNT NUMBER:** \_\_\_\_\_

**9-DIGIT ROUTING NUMBER:** \_\_\_\_\_

This authority is to remain in full force and effect until Company has received **notification** from me (or either of us) of its termination in such time and in such manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

### **AUTHORIZED SIGNATURE(S) (EVERYONE LISTED ON YOUR CHECKING ACCOUNT MUST SIGN)**

AUTHORIZED SIGNATURE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

**\*\*PLEASE ATTACH A VOIDED CHECK TO THIS FORM\*\***