



# CITY OF CHARLOTTE

Dear City of Charlotte Utility Billing Customer,

We are delighted to introduce the City of Charlotte's ACH Debit Pay Option on Water/Sewer bills. With this option, your water/sewer bill can be automatically deducted from your checking or savings account. You can now enjoy the convenience of paying your utility bill without writing checks or buying stamps! There is no fee for this enhanced payment service. You will continue to receive a copy of your bill for your records. The amount due will be automatically deducted from your account on your bill's due date or the next bank business day.

If you wish to enroll in the ACH Debit Plan please complete the information below and return this form to:

City of Charlotte • Attn: ACH Debit Pay  
111 E. Lawrence Ave. • Charlotte, MI 48813

Please direct all questions and inquiries to the utility billing department at (517) 543-8839.

## AUTHORIZATION FOR ACH DIRECT DEBIT

NAME(s): \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

UTILITY ACCOUNT # \_\_\_\_\_ PHONE #: \_\_\_\_\_

BANK  
NAME

9 DIGIT  
ROUTING NUMBER

ACCOUNT  
NUMBER

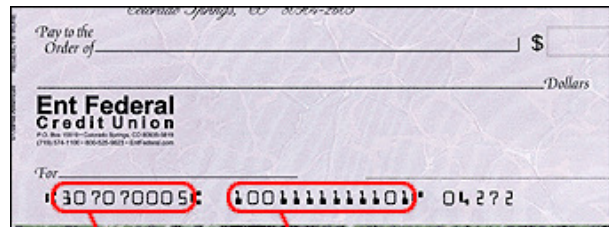
\_\_\_\_\_  
\_\_\_\_\_

ACCOUNT TYPE (Check One)

CHECKING  (attach blank voided check)

SAVINGS  (attach blank voided deposit slip)

**You must include a voided check/deposit slip with this authorization form for verification of bank account information.**



Routing  
number

Account  
number

I authorize the City of Charlotte to initiate debit entries to my account indicated above. I understand automatic payment of my billing amount will be made on the bill's due date or in the event of a holiday or weekend, on the previous business day. This authority is to remain in full force and effect until I revoke the agreement by written notification to the City in such time and manner as to afford the City reasonable opportunity to act on it. I have the right to stop payment of a charge by notifying the City 5 business days prior to the due date on my bill. I understand that both the City and the financial institution named above reserve the right to terminate this agreement or my participation therein. I have read and agree to the terms of this direct debit payment plan.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Note: An Insufficient Funds Service Fee will be charged if there are not enough funds in the account to cover the debit.**