

Office Use Only:

Account Number _____ Date Entered _____

**CITY OF MARQUETTE UTILITY BILLING
AUTHORIZATION & ENROLLMENT FORM FOR AUTOPAY
AUTOMATIC FUNDS TRANSFER**

Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Service Address _____ **Phone #** _____

I hereby authorize the City of Marquette to automatically withdraw from my account identified below the total amount due on my billing statement. I authorize the Financial Institution named below to accept such transactions initiated by the City of Marquette. The withdrawals shall be made from my account on the due date indicated on each billing statement.

This authorization is to remain in effect until the City of Marquette has received written notification from me of termination at least five days before the next regular billing date.

Financial Institution Name _____

Account # _____

Check one: **Checking** **Savings** (see below*)

Bank Routing # _____

(the first nine numbers encoded on the bottom line of the check or withdrawal slip)

Print Name _____

Date _____

Paperless Billing **Yes** **No** **Email:** _____

Signature _____

***Checking Account, Attach a VOIDED Check, no starter checks or deposit slips.**

***Savings Account, Attach a Savings Withdrawal Slip, no deposit slips.**

As an alternative, you may attach computer generated documentation from your financial institution that states the following account information: accountholder name(s), routing #, account #, and type of account. Handwritten letters will not be accepted.

Return completed form to:

City of Marquette

Utility Billing

300 W. Baraga Ave.

Marquette, MI 49855 or Fax to (906) 228-0409

Any questions? Call us at (906) 228-0420