



City of Evert
200 South Main Street,
Evert, Michigan 49631
Phone: 231-734-2181
Fax: 231-734-3917

Dear Customer,

We appreciate your payments. We currently accept cash, personal checks, Visa and MasterCard. In order to serve you better we now offer automatic payments from your bank account. Automatic payments are easy to do and safeguard your bank information. Just fill out the form below and fax it to the Treasurer's office at 231-734-3917 along with a copy of a cancelled check. You can also drop the form off at City Hall.

Authorization for Automatic Payment of Recurring Utility Billing From Your Bank Account (ACH)

Name and Address as it appears on your bank account:

Name: _____ **Utility Account Number:** _____

Address: _____ **Phone Number:** _____

E-Mail Address: _____

Bank Name: _____ **Bank Routing Number:** _____

Bank Account Number: _____ **Account Type:** _____ Checking _____ Savings

Please Note: Payments will be withdrawn on the 15th of the month unless the 15th is a weekend or Holiday, then it will be withdrawn on the next business day. Prior to the withdrawal date you still receive a monthly notice showing the future debit. The City is not responsible for any fees from your financial institution.

Begin Date: _____

_____ I hereby authorize the City of Evert Treasurer to initiate a recurring electronic transaction from my bank account at the financial institution indicated above. Transactions will be completed according to payment details provided. I further authorize the Treasurer to recover funds deposited in error by debiting my bank account or adjusting future transactions. Michigan Law governs electronic funds transactions authorized by this Agreement in all respects except as otherwise superseded by Federal Law.

Please call our office at 231-734-2181 with any questions you may have about automatic payments.

_____ I understand requests to hold or stop ACH payments must be received 5 business days prior to the deduction date.

Signature:

Date:

Fax completed form and a cancelled check to: 231-734-3917 or mail to: City of Evert Treasurer, 200 South Main Street Evert, MI 49631



ACH DEBIT STOP PAYMENT REQUEST FORM

Please stop payment of the Automated Clearing House (ACH) debit specified below.
In order to be effective, the Stop-payment Order must be received at least 5 business days prior to the next withdrawal date.

Name: _____

Address: _____

Phone Number: _____

Utility Account Number _____

Bank Name: _____

Bank Account Number: _____

Savings: _____ Checking: _____

The Stop-Payment Order above is hereof released.

Authorized Signature

Date