CITY OF IONIA

Utility Billing Automatic Payment Sign-up Form

Customer Name _____ Utility Account(s) # _____

*If you have more than one account each account must be listed # _____

_____

Name on Bank Account _____

Daytime Phone # _____

Service Address _____

☐ Start the auto-pay service

☐ Stop the auto-pay service

Required information:

1. Attach a voided check or a photocopy of a check. Sending a deposit slip is not acceptable for this purpose.
2. Continue to pay until "Do Not Pay…" is written on your bill.

Due to bank regulations when setting up a new application or changing your checking or savings account information, please be aware it may take up to 60 days for your payments to be automatically debited from your bank account.

The charge against your bank account will occur on or after the due date shown on your utility bill.

Changes to the banking information **MUST** be reported to the City of Ionia immediately. Failure to do so may result in the discontinuance of the automatic payment plan and therefore discontinuance of service.

To provide sufficient time to cancel a payment or stop the automatic payment plan you must notify our office in writing by mailing or faxing the information to the City of Ionia **no less than 8 days prior** to the date that is shown on your billing statement.

City of Ionia PO Box 496 Ionia, MI 48846 Fax 616-527-0810 Phone: 616-527-4170 x 5141 email: accountsrec@ci.ionia.mi.us

I understand that to remain on the automatic payment plan, I must maintain sufficient funds in my designated account.

I hereby authorize and request the City of Ionia to charge all utility fees for the service address above as rendered on the Utility Bill. This will remain in full force and in effect until the City of Ionia receives written notification from me of its termination.

Print Name _____ Signature _____ Date _____
Day/Month/Year