

CITY OF ST. CLAIR SHORES
27600 JEFFERSON AVENUE
ST. CLAIR SHORES, MICHIGAN 48081-2075
(586) 447-3317

BUDGET BILLING DIRECT DEBIT

AUTOMATIC PAYMENT FORM

PLEASE NOTE: MONTHLY DEBITS ARE PROCESSED ON THE 15TH OF THE MONTH. IF THE 15TH FALLS ON A WEEKEND OR HOLIDAY, THE DEBIT IS PROCESSED ON THE NEXT BUSINESS DAY.

PLEASE ENCLOSE A VOIDED CHECK OR SAVINGS DEPOSIT SLIP WITH THIS FORM.

Customer's Name _____

Address _____

City _____ State _____ Zip _____

Phone Number: _____

TO BEGIN: _____ **MONTHLY DEBIT AMOUNT:** _____

I hereby authorize the City of St. Clair Shores and the Financial Institution named below to initiate electronic debit entries to the below designated account on the 15th of the month.

Checking _____ or Savings _____ Account Number _____

Name of Financial Institution: _____

Routing Number _____

This authorization is to remain in full force and in effect until the City has received written notification from you of its revocation or termination within 14 days of the next scheduled debit. Your account will be analyzed yearly to adjust your monthly debit amount. The City has the right to cancel this agreement with written notice to the customer. Accounts with insufficient funds on the date the bill is due will be charged \$40.00 plus applicable late charges of the unpaid amount due. Any failed debit attempts must be replaced by cash or credit card. **If you have two failed monthly debit attempts, the City may remove you from the program.** If the Financial Institution elects to close your account, you will immediately notify the City of this event. If you change your account or the Financial Institution authorized to accept electronic debit entries, then you understand that you have to complete a new Authorization Form and promptly provide the City with a copy of it.

X _____
Customer's Signature

_____ Date

X _____
Landlord's Signature (if applicable)

_____ Date