

## **CITY OF OAK PARK**

Utility Billing Division 14000 Oak Park Blvd Oak Park, MI 48237 248-691-7470

## AUTOMATIC DEBIT (ACH) AUTHORIZATION FORM

I authorize the City of Oak Park Utility Billing to withdraw the amount due for the Utility Bill from the designated financial institution and account listed below. You will continue to receive a Utility Bill so you'll be reminded that a payment is about to take place and be withdrawn from your account on your due date.

>This authorization will remain in effect until I provide a minimum 7 day written notice prior to the scheduled due date to Utility Billing to terminate. I also understand that the enrollment/changes authorized will become effective with the first billing period possible.

>If the City of Oak Park is unable to withdraw the amount from my bank account as a result of non-sufficient funds (NSF) or account not found, the City will charge my account a \$30 NSF FEE. I will be responsible for all penalties accrued on the account.

Please fill out the information below and return the completed form along with a BLANK "VOIDED" CHECK or documentation from your financial institution showing account holder name, complete account number and routing number to: City of Oak Park Utility Billing, 14000 Oak Park Blvd, Oak Park, MI 48237

Resident Information			
Name:	Account Number:		
Property Address:		Telephone:	
E-mail Address:			_
Financial Institution Inform	ation **ATTACH	A VOIDED CHEC	CK OR FINANCIAL INFORMATION**
Financial Institution Name:			
Account Type: (Check Box)	Checking	☐ Savings	Checking Account
Routing Number:			Bank Routing Number Bank Account Num
Account Number:			_
Signature:			_ Date:
GO GREEN - sign up for e-l	<b>billing!</b> E-mail A	Address	

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