



Automatic Bill Payment Enrollment Form

Name (as shown on your bill): _____

Service Address: _____

City/State/Zip: _____

Mailing Address (if different): _____

Account Number: _____ Daytime Phone: _____

I, (print name of Checking/Savings Account holder), _____
authorize my bank to make my monthly payments directly to the City of Sturgis, and post them to
my bank account for an indefinite period of time, or to end as of the month of _____.

Bank Name: _____

Bank Address: _____

Checking/Savings Account Number: _____
(attach a VOIDED check or savings deposit slip with this form)

I understand that I am in full control of my payment, and that I can write and/or call the City of
Sturgis to ask questions, make changes, or discontinue the program.

SIGNATURE: _____ DATE: _____

Social Security #: _____

For Office Use Only Date received _____ Begin with Billing _____
Bank ABA # _____ Cycle (Group)# _____

We have received your completed enrollment form for automatic bill payment of your utility bill with
the City of Sturgis.

Your utility bill will be automatically deducted from your _____ checking _____ savings account begin-
ning with the utility bill due on _____. You will still receive a copy of your monthly bill so
that you may review the charges.

If you have any questions,
wish to make changes or
discontinue the program please
contact the Customer Service
Department at City Hall - 651-
2321.

