



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 Bank 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: _____

Bank Account and ABA # _____

(attach a VOIDED check or SPEC sheet from your bank)

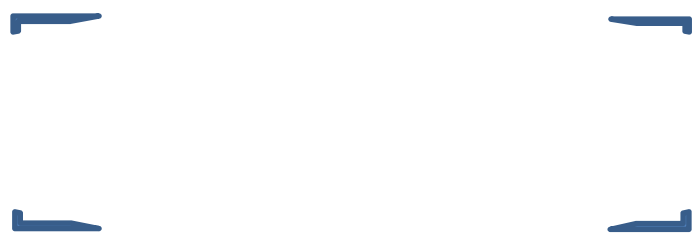
I understand that I am in full control of my payment, and that I can write/and or call the City of Sturgis to
ask questions, make changes or discontinue the program.

SIGNATURE: _____ Date: _____

For Office Use Only Date received _____ Begin with billing _____

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 bank account beginning 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 call the
Customer Service Department
at 269-659-7254.