



# CITY OF WYOMING

## WATER BILL

### AUTO PAY ENROLLMENT FORM

In response to many requests from customers like you, we are happy to offer a payment option that will automatically pay your water and sewer bill from your checking or savings account. Simply complete the enrollment form, print and return with a voided check to:

City of Wyoming  
 Treasurer's Office  
 PO Box 908  
 Wyoming, MI 49509-0908

It's that easy !

Allow 30 days for enrollment to or termination from the Auto Pay program. The City reserves the right to incorporate Auto Pay program guidelines into the Water System Rules and Regulations.

*I authorize the City of Wyoming and my financial institution to automatically deduct my water/sewer payment from the checking or savings account listed below. I understand that either party can cancel, in writing, at any time. I can notify the City in writing to terminate this authorization at any time.*

Utility Account Number: \_\_\_\_\_

Name on account: \_\_\_\_\_

Service address: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Routing and Transit Number: \_\_\_\_\_

Account Type (select one):

Savings      Checking

**Important Note:**

To ensure proper account information, you **MUST attach a CHECK marked VOID.** Enrollment cannot be completed without your signature below:

Accountholder Signature:                      Date:

\_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

**Please PRINT and return this portion with voided check to:**  
**City of Wyoming Treasurer**  
**PO Box 908**  
**Wyoming MI 49509-0908**

# Auto Pay Authorization Agreement

KEEP THIS AUTO PAY AGREEMENT FOR YOUR FILES

On \_\_\_\_\_

I authorized the City of Wyoming to initiate entries to my account at the financial institution named on the Auto Pay enrollment form. I further authorized that financial institution to charge my account for those entries on the bill due date.

I understand that this authorization will remain in effect until terminated in writing by me, by the City of Wyoming, or my financial institution. I understand the City reserves the right to terminate my participation in the Auto Pay program if my payment is rejected more than once in a six month period. I will continue to pay my bill in the usual manner until it indicates on my bill that the payment will be deducted automatically. The payment options I have chosen are recorded below.

Account Type

Savings       Checking

Account Number

\_\_\_\_\_

Routing Number

\_\_\_\_\_