

City of Southfield • Water Department

# Automatic Bill Payment Plan

## Enrollment Form

Please do not send payment with this form.

I authorize the City of Southfield to deduct my payment from the checking or savings account listed below. I understand that I control my payments, and if at any time I decide to discontinue this payment service, *I will notify the City of Southfield.*

Please print

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Name

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Service Address

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Zip Code

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Mailing Address (if different)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Account Number from Water Bill

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Daytime Phone

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Home Phone (if different)

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Signature

Please contact your financial institution to ensure the correct account number is used for this electronic payment and to obtain the routing number. Enclose a voided check with this form.

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Name of Financial Institution

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Routing number (9 digits on bottom of check)

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Checking Account No.

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Or Savings Account No.