



CITY OF MARSHALL

323 W. Michigan Avenue

Marshall, MI 49068

Phone: 269-781-5183



AUTOMATIC BILL PAYMENT ENROLLMENT FORM

Name (as shown on your bill):		
Utility Account Number:	Service Address:	
FiberNet Account Number:	Mailing Address (if different):	Phone:
E-mail Address:		Paperless Billing: <input type="checkbox"/> Yes <input type="checkbox"/> No

I, (print name of Bank Account Holder), _____ authorize the City of Marshall to initiate my monthly utility and/or FiberNet payments directly from my financial institution named below, and post them to my account for an indefinite period of time, or until I request cancelation in writing at least ten days prior to my current bill due date.

Bank/Financial Institution Name:	
Bank Address:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Transit/Routing Number:	Account Number:
Name as it appears on the bank account:	
Please attach a VOIDED check 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 Marshall to ask questions.
- I understand that my utility bill payment will be automatically deducted from my provided bank account. The amount owed may be deducted up to 4 days prior to my due date.
- I understand that I will still receive a copy of my monthly bill so that I may review the charges.

Signature: _____ Date: _____

For Office Use Only Date Received: _____ Date to Begin: _____