

**CITY OF HANCOCK UTILITY BILLING
AUTHORIZATION & ENROLLMENT FORM FOR AUTOPAY
AUTOMATIC FUNDS TRANSFER**

Name: _____ Phone _____

Service Address: _____

Water/Sewer Account #: _____

I authorize the City of Hancock to automatically withdraw from my account listed below the total amount due on my billing statement. I authorize the Financial Institution listed below to accept such transactions initiated by the City of Hancock. The withdrawals shall be made from my account within two days of the due date indicated on each billing statement.

This authorization is to remain in effect until the City of Hancock has received written notification from me of termination at least five days before the next regular billing date.

Financial Institution Name: _____

Account #: _____

Checking Savings

Bank Routing #: _____

Print Name: _____

Date: _____

Signature: _____

Attach either a VOIDED check (NO starter checks), savings withdrawal slip (Not a deposit ticket), or a letter from your bank stating your account information including the following: accountholder name(s), routing #, account #, and type of account.

Return completed form to:

City of Hancock
399 Quincy Street
Hancock, MI 49930
PH: 906-482-2720
FAX: 906-482-7910