CITY OF MANCHESTER
912 CITY ROAD
MANCHESTER, MI 48158
(734) 428-7877 FAX: (734) 428-1877

DIRECT PAYMENT AUTOMATIC WITHDRAWAL AUTHORIZATION FORM

I hereby authorize the City of Manchester to initiate debit entries and, if necessary, credit correction and adjustment entries to my account at the financial institution listed below for payment of the amount listed on my monthly utility (water and/or sewer and/or garbage) bill. This authority is to remain in full force and effect until the City of Manchester has received written notification from me of its termination in such time and in such manner as to afford the Village of Manchester and Ann Arbor State Bank a reasonable opportunity to act on it.

Name (print please) _____

Email: _____

Utility Service Address _____

Utility Account Number _____

Outdoor Utility Account Number _____

Phone Number _____

Financial Institution_____

Branch_____

Branch Address_____

Account Number_____

Routing Number_____
Always get the financial institution routing number from a check; do not use the information from a deposit slip.

Account Type: (circle one) Checking Savings

Signature_____ Date: _____

Check One:

I am not currently participating in the Direct Payment Withdraw Program.
( ) **ADD**- Withdraw my payment from the account shown above.

I am currently participating in the Direct Payment Withdraw Program.
( ) **CHANGE** – Change financial institution and/ or account number.
( ) **CANCEL** – Stop my participation in the program.

You will see "Direct Pay- Do not Pay" on your bill once the program is implemented.

If you would like to sign up for paperless billing check here [ ]

For Office Use Only:

Received by: _____

[] Added to UB Account Date_____