

Office Use Only:

Account Number _____ Date Entered _____

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

Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Service Address _____

I hereby authorize the City of Marquette to automatically withdraw from my account identified below the total amount due on my billing statement. I authorize the Financial Institution named below to accept such transactions initiated by the City of Marquette. The withdrawals shall be made from my account on the due date indicated on each billing statement.

This authorization is to remain in effect until the City of Marquette 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 # _____

(the first nine numbers encoded on the bottom line of the check or withdrawal slip)

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 that states the account information including the following: accountholder name(s), routing #, account #, and type of account.

Return completed form to:
City of Marquette
Utility Billing
300 W. Baraga Ave.
Marquette, MI 49855

Any questions? Call us at (906) 228-0420