

AUTOMATIC WATER BILL PAYMENT ENROLLMENT FORM

FOLLOW THE 4 EASY STEPS TO SET UP DIRECT PAYMENT OF YOUR CITY OF TROY WATER/SEWER BILL

1. Complete the contact information requested below (please print):

NAME: _____

CITY OF TROY SERVICE ADDRESS: _____

DAYTIME PHONE: _____

WATER/SEWER BILL ACCOUNT NUMBER(S): _____ (7 DIGITS)

2. Provide your signature for authorization:

I hereby authorize The City of Troy to deduct my water/sewer bill payment from my checking or savings account listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

I understand that I control my payments and if at any time I decide to discontinue this service I will notify the City of Troy Treasurer's Office directly. If the balance in my account is not sufficient to cover the electronic payment, a \$25 NSF fee will be added to my account in addition to the late penalty and I will be terminated from the program. All information will remain confidential.

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

Signature: _____ Date: _____

3. Provide the required financial information below:

To ensure the correct account number is used for this electronic payment and to obtain the ABA/routing number, please contact your financial institution for assistance.

Name of Financial Institution _____

ABA/Routing Number _____

Checking Account # _____

or

Savings Account # _____

4. Return completed form to : **City of Troy Treasurer's Office
500 W. Big Beaver
Troy, MI 48084**

PLEASE CALL CITY OF TROY TREASURER'S OFFICE WITH ANY QUESTIONS CONCERNING THIS FORM 248.524.3333