



399 E. Beaver St. • P.O. Box 726 • Standish, MI 48658 • 989-846-9588 • Fax 989-846-6287

Authorization Form for Automatic Payment Withdrawal

Date: _____

Customer Name: _____

Service Address: _____

Telephone Number: _____ Email: _____

I authorize the City of Standish to initiate electronic debit entries to my:

____ Checking ____ Savings

FINANCIAL INSTITUTION NAME: _____

CITY: _____ STATE: _____ ZIP: _____

FINANCIAL INSTITUTION ROUTING NUMBER: _____

ACCOUNT NUMBER AT INSTITUTION: _____

I am authorized to use the payment information provided for this auto payment. I authorize City of Standish to deduct from my checking or savings account, held at the specified financial institution, for payment of my bill on the 20th of every month. This authorization will remain in effect until revoked by me. I understand that I have the right to stop automatic payment of any bill presented by informing the City of Standish up to the date and time my account is charged.

I understand that City of Standish and/or the financial institution indicated reserve the right to end this payment plan and my participation therein. I agree to notify City of Standish of changes in account status. If any payment is not honored, or is returned by the financial institution, I agree that City of Standish may charge me a returned item fee up to the maximum allowed by law covering their jurisdiction. I release and hold harmless City of Standish from liability or damages resulting from the loss or theft of information. All information is held in accordance with the privacy policies.

Signature

Date