



FOR OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_

DATE ENTERED: \_\_\_\_\_

INITIALS: \_\_\_\_\_

DATE CANCELLED: \_\_\_\_\_

**AUTHORIZATION FOR DIRECT PAYMENT**

**MAIL OR RETURN THIS FORM TO:**  
MOUNT CLEMENS TREASURER'S OFFICE  
1 CROCKER BOULEVARD  
MOUNT CLEMENS MI 48043

**EMAIL TO: [Ishipman@mountclemens.gov](mailto:Ishipman@mountclemens.gov)**

I authorize the City of Mount Clemens and the financial institution named below to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking/savings account indicated below. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. **Your monthly bill amount will be automatically deducted on the due date.**

\_\_\_\_\_  
(FULL NAME – PLEASE PRINT) (PHONE NUMBER)

\_\_\_\_\_  
(ADDRESS OF WATER ACCOUNT) (WATER ACCOUNT NUMBER)

\_\_\_\_\_  
(NAME OF YOUR FINANCIAL INSTITUTION) (YOUR EMAIL ADDRESS)

Your Bank Account Number \_\_\_\_\_ Checking \_\_\_\_\_ or Savings \_\_\_\_\_

Your Financial Institution Routing Number \_\_\_\_\_ (9 digits located on the lower left of your checks)

On \_\_\_\_\_ I authorized  
(DATE)

Please choose: Mailed bill \_\_\_\_\_  
Paperless bill \_\_\_\_\_

City of Mount Clemens Treasurer's Office  
1 Crocker Boulevard  
Mount Clemens MI 48043  
(586) 469-6800 x2

to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address above.

\_\_\_\_\_  
(SIGNATURE) (DATE)

\_\_\_\_\_  
(CANCELLATION SIGNATURE) (DATE)