



# ACH/Direct Debit Utility Payment Authorization

Completed forms and a blank voided check can be dropped off or mailed to city hall:

City of Otsego  
117 E Orleans St  
Otsego, MI 49078

Questions about the program can be answered by  
city hall staff at (269) 692-3391.

Account Number: - - (located on your Utility Bill)

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Complete this only if different than service address.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Select One**

Checking Account     Savings Account

Depository Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing No: \_\_\_\_\_ Account No: \_\_\_\_\_

A voided check is required to confirm account information.

I hereby authorize the City of Otsego, or its agents, to initiate and deduct payments for each utility billing period and the depository, named above, to deduct from the account indicated above. If I am no longer responsible to pay the utility payments for the property identified above, or if my banking information changes, I will contact the City of Otsego a minimum of 30 days in advance of the next scheduled payment. The City of Otsego shall be held harmless if I fail to import a banking change and I understand a return payment fee may apply. This authority is to remain in full force and effect until the City of Otsego has received written notification from me of its termination in such time and in such manner as to afford the City of Otsego a reasonable opportunity to act on it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_