

SALINE AUTOMATIC PAYMENT AUTHORIZATION FORM

Name: _____ Phone: _____

Billing Address: _____

Mailing Address
(if different from billing
address) _____

Utility Account #: _____

Bank Name: _____

Bank Routing #: _____
9-digit ABA number

Bank Account #: _____

Type of Account: Checking Savings

Please enroll me in the City of Saline's automatic payment program for [water and/or sewer] bills. I authorize the City, through an agreement with _____, to collect full payment of my utility bills by initiating a debit entry (deduction) to the bank account shown above. I understand that this authorization will continue in force until it is discontinued by my written request to terminate the automatic payment service.

Signature: _____ Date: _____

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The City of Saline offers paperless billing to customers enrolled in the automatic payment program. By checking the box below and providing an email address, I request to receive my utility bills by email only and acknowledge that I will no longer receive a printed bill. I acknowledge that I am solely responsible for providing a valid and legible email address and that any failure to receive bills sent by the City does not excuse my obligation to pay such bills.

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Please return this completed form to the Saline Treasurer's Office, 100 N. Harris Street, Saline, MI 48176.