City of Perry- Direct Payment Authorization Form

Utility Billing Account # / / / - / / / / / - / / / - /

Follow these 5 easy steps to start paying your bills automatically.

1. Please print your customer information:

Name_____
Service Address_____
Mailing Address (if different)_____
Day Phone **(___)** _____ E-mail _____

2. Provide your signature for authorization:
I authorize the City of Perry, or its agents, and the financial institution listed below to deduct my payments from the checking or savings account provided for each billing period. This authority will remain in effect until I have cancelled it in writing.

This form cannot be processed without you signature

Signature_____ Date_____

3. Provide the required financial information below:
Name of Financial Institution_____
Branch Name and Address_____

☐ Checking (Attached Voided Check) or ☐ Savings

Bank Transit Routing Number

Bank Account Number

4. Photocopy this form for your records

5. Mail original to: City of Perry ~or~ Fax to: 625-6157
Automatic Payment Plan
203 W. Polly St.
Perry, MI 48872