



City of Plainwell
Direct Debit/Paperless Billing Enrollment Form

Dear Water/Sewer Customer,

The City of Plainwell offers you the opportunity to pay your water/sewer bill through our Direct Debit Service. This program is offered at no charge. Most financial institutions do not charge for this service. Please contact your financial institution if you are unsure. By submitting the completed enrollment form below, **your bill will be automatically deducted from your specified checking account on the bill due date.** You are to continue to pay your bill as you normally would until your water/sewer bill indicates that you are signed up for the service. You will still receive a bill each month showing the amount to be debited. By signing this enrollment form, you acknowledge and agree that a returned payment fee will be charged in the event the ACH payment record is returned for any reason at the time of withdrawal, in addition to the 10% late penalty. A new enrollment form must be filled out if you need to change bank accounts.

Paperless billing is also available to all water/sewer customers. If you choose this option, we will send your bill to the email address you provide. You will no longer receive any paper bills, unless you request to discontinue paperless billing.

If you have any questions about this program, simply call 269-685-6821 during our normal business hours.

Please keep a copy of this filled out enrollment form for your records

Please fill out the following information for Direct Debit and/or paperless billing:

Water/Sewer Account Number: _____

Name: _____

Service Address: _____ City: Plainwell State: MI Zip Code: 49080

Mailing Address (if different): _____

Daytime Phone: _____

I want to sign up for direct debit

Financial Institution: _____

Routing Number: _____

Account Number: _____

A VOIDED CHECK IS REQUIRED FOR VERIFICATION OF ROUTING AND ACCOUNT NUMBERS

I hereby authorize the City of Plainwell to deduct my water/sewer payment from the checking account listed above and agree that a returned payment fee shall be charged in the event the ACH payment record is returned for any reason at the time of withdrawal, in addition to the 10% late penalty.

Signature: _____ Date: _____

I want to sign up for paperless billing. Please send my bills to the following email address:

Email Address: _____

Signature: _____ Date: _____