



AUTOMATIC BILL PAYMENT ENROLLMENT FORM

Name (as shown on your bill): _____

Service Address: _____

City/State/Zip: _____

Mailing Address (if different): _____

Customer/Account Number: _____ Daytime Phone: _____

Bank Name: _____

Bank Routing Number: _____

Checking Account Number: _____

or

Savings Account Number: _____

Please return your completed form to the BPU office. We can initiate this on next month's bill. You will receive your bill and the payment will be taken on the indicated due date. **There is NO FEE for signing up for Automatic Bill Payment.**

If you would like to opt out of Automatic Bill Pay and/or Budget billing please sign/date below:

_____ Date: _____

If you would like to receive your bill by email please indicate your email address here:

I hereby authorize the Hillsdale Board of Public Utilities to deduct my payment from the account listed above. I understand that I am in full control of my payment, and that I can write or call the Hillsdale Board of Public Utilities to ask questions, make changes, or discontinue the program.

SIGNATURE: _____ **DATE:** _____

Please return this completed form to:

**Hillsdale Board of Public Utilities
45 Monroe Street
Hillsdale MI 49242 FAX: 517-437-3388**