



**FINANCE DEPARTMENT**  
215 West Main Street  
Northville MI 48167  
P 248.449.9901  
F 248.305.2894  
ub@ci.northville.mi.us

## UTILITY BILL DIRECT PAYMENT AUTHORIZATION

CUSTOMER NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ PHONE \_\_\_\_\_

select one:

Checking                       Savings

Bank transit routing number /: \_\_\_\_\_ :/ (9 digits)

Bank account number \_\_\_\_\_

### Authorization

I authorize the City of Northville, or its agents, and the financial institution listed above, to deduct my payments for each billing period from the checking or savings account provided. This authority will remain in effect until I notify the City in writing to cancel the Authorization.

*This form cannot be processed without your signature.*

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

This form may be submitted by mail, fax, or email. See contact information above.