



## 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/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.

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**