



Agreement for ACH Billing & Paperless Billing
 66 S. Main Street, PO Box 310, Cedar Springs, MI 49319
 Phone: (616) 696-1330

ACH

Email Bill

A voided check must be attached to enroll or change bank accounts

Customer Name(s) (as it/they appear on your bank account)

Service Address (residential only – include city, state and zip)

Customer Account Number (located on the side left of bill)

Customer Email Address

Contact Phone Number

I (We), the undersigned, hereby **authorize the City of Cedar Springs** to initiate debit entries and/or correction entries to our checking account at the bank/depository named below. The ACH Debit transaction will take place on the **7th of each month**. If the 7th should fall on a weekend or holiday, the ACH Debit transaction will take place on the next business day. Customers will then see an entry description of **PREAUTHORIZED DEBIT UB** on their bank statement.

Bank/Depository Name

Bank Transit/Route/ABA Number

Bank Account Number

The authorization is to remain in full force until the City of Cedar Springs has received **written notification** from me (or either of us) of its termination in such time and in such manner as to afford the City of Cedar Springs and bank/depository reasonable opportunity in which to act.

Signature

Date
