

Village of Paw Paw Automatic Bill Payment Plan Enrollment Form

I/We _____, authorize the Village of Paw Paw to debit my account at the financial institution listed below for the automatic payment of my utility bill. I have selected to have my payment drawn from my account on one of the following dates: 5th, 10th, or 15th of the month. I also authorize the Village of Paw Paw, if necessary, to make credit entries and/or adjustment entries to the account number at the financial institution listed below for any transactions transmitted in error that would result in my receiving funds that I am not entitled to. Additionally, I have read, and agree to, all terms and conditions that are listed on the reverse side of this enrollment form. This authorization shall remain in force and effect until the Village of Paw Paw receives written notice from me of its termination, and has reasonable time to act upon my request.

UTILITY CUSTOMER INFORMATION		
UTILITY ACCOUNT NUMBER		
DEPOSIT ACCOUNT NUMBER		
ABA or TRANSIT/ROUTING NUMBER		
ACCOUNT TYPE: Circle One		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
FINANCIAL INSTITUTION NAME		



PLACE VOIDED CHECK OR DEPOSIT TICKET HERE



Signature
Date

The Village of Paw Paw

Automatic Bill Payment Plan Agreement

I / We hereby agree that:

1. My monthly charge may change at any time as utility usage or rates change over time.
2. My account payment will be drawn on either the 5th, 10th, or the 15th of every month. On the front of this form, I have chosen which date my payment will be drawn. I must give information for any changes or cancellations to the Village of Paw Paw before the 5th of any month to be effective for that month.
3. If I have two (2) payments denied by my bank for any reason, the Automatic Bill Payment Program will no longer be available to me. Additionally, I understand that a returned item fee of \$15.00 may be assessed to me for any item returned by my bank as unpaid.
4. It is agreed and understood that all withdrawals will be made electronically from my account, under the rules of the National Automated Clearing House Association (NACHA).
5. Should it become necessary, I agree to follow the cancellation procedure to withdraw from the Automatic Bill Payment Program as outlined in the paragraph below.

Withdrawing From The Automatic Bill Payment Program

1. I understand that cancellation of this agreement is to take place between the Village of Paw Paw and me.
2. My cancellation request must be made in writing. I may choose to do one of the following:
 - A. Send a letter stating that you wish to withdraw from the Automatic Bill Payment Plan. Your letter must contain a termination date, customer account number, and your name.
 - B. Contact the Village of Paw Paw, in person or by telephone, and request that an Automatic Bill Payment Cancellation Form be sent to you to complete. After completing the form, return it to the following address:

Village of Paw Paw
Attn: Billing Department
111 East Michigan Ave.
Paw Paw, MI 49079
(616) 657-3148

3. Should you have questions about completing the Automatic Bill Payment Cancellation Form, please contact the Village of Paw Paw billing department at the telephone number listed above.