



Dear Water / Sewer Customer:

The City of Auburn Hills is offering you the opportunity to pay your water / sewer bill through our Direct Debit Service. This program is offered to you at no charge by the City. Most financial institutions do not charge for the service. Please contact your financial institution if you are unsure.

By completing the enrollment form below, your bill will be automatically deducted from your specified checking account on the bill due date. **You are to continue to pay your bill as you normally would until your water / sewer bill indicates that you have been signed up for the service.** You will still receive a bill* each month with the amount to be debited (total due box.) By signing this enrollment form, you acknowledge and agree that a \$35.00 NSF fee shall be charged in the event funds are insufficient to pay the full amount at the time of withdrawal, in addition to the 10% late penalty.

If you need a new enrollment form because **you decide to cancel or change bank accounts**, simply call (248)370-9420, or go to www.auburnhills.org (select the Treasurer's Department), or write the Treasurer's Department at 1827 N. Squirrel Rd., Auburn Hills, MI 48326. If you have any questions on this program, please call us at the above phone #, Monday – Friday, between 8:00am – 5:00pm. ****Keep a copy of your filled out enrollment form for your record****

****If you would like to sign up for paperless billing, fill out the back of the payment stub on the bill and return to us.***

City of Auburn Hills
Water / Sewer Direct Debit Enrollment Form

Please print the following information: _____New _____Update _____Cancel

Water Account #: _____

Name: _____

Water Account Address: _____ City: Auburn Hills State: MI Zip Code: 48326

Mailing Address (if different): _____

Daytime Phone #: _____ E-mail Address: _____

Financial Institution: _____

ABA / routing # (9 digits located on the lower left of your checks): _____

Checking Account # _____

I understand that it will take one full billing cycle prior to the ACH being pulled from my account.

(A VOIDED CHECK IS REQUIRED FOR VERIFICATION OF ROUTING & ACCOUNT #)

I hereby authorize the City of Auburn Hills to deduct my W/S payment from the checking account listed above and agree that a \$35.00 NSF fee shall be charged in the event funds are insufficient to pay the full amount at the time of withdrawal, in addition to the 10% late penalty.

Signature: _____

Date: _____

This form may be mailed with your w/s payment; or mailed to City of Auburn Hills, Treasurer's Department, 1827 N. Squirrel Rd., Auburn Hills, MI 48326; placed in the Drop Box at City Hall, faxed to (248) 364-6786, or emailed to ahtreasurer@auburnhills.org