



City of South Haven Utilities Automatic Bill Payment Plan Enrollment Form

I authorize the City of South Haven to deduct my payment from the checking or savings account listed below. I have attached a voided check or a checking/savings statement with my account and routing numbers. I understand that I control my payment, and if at any time I decide to discontinue this payment service, **I WILL NOTIFY THE CITY OF SOUTH HAVEN IN WRITING AT LEAST TWO WEEKS PRIOR TO THE DUE DATE.**

Name: _____

Utility Account Number: _____

Service Address: _____

City/State/Zip: _____

Daytime Phone: _____

To ensure the correct account number is used for this electronic payment and to obtain the ABA/routing number, please contact your financial institution.

Name of Financial Institution: _____

ABA/Routing Number (9 digits on bottom of check) _____

Checking Account #: _____ OR Savings Account #: _____
(enclose voided check) (need copy of statement with name and account number)

If at any time we receive notification of returned payment on two occasions within a 12-month period you will be removed from the plan and a deposit will then be required.

Signature: _____ Date: _____

Please tape voided check in the area below or attach a copy of a bank statement

Return completed form to:
By Mail: City of South Haven, 539 Phoenix Street, South Haven, MI 49090
By Fax: (269) 637-5319 By Email: customerservice@south-haven.com
Call (269) 637-0700 if you have any questions.