



City of Ferndale

Water Department Direct Payment Enrollment Form

FOLLOW THE 4 EASY STEPS TO SETTING UP DIRECT PAYMENT OF YOUR WATER/ SEWER BILL

1. Complete the contact information requested below (please print):

Name: _____

Service Address: _____

Mailing Address: _____

Daytime Phone: _____ E-mail: _____

Water Billing Account Number: _____

2. Provide your signature for authorization:

I authorize the City of Ferndale to deduct my water utility billing payments from my checking or savings account listed below. **I understand that I control my payments and if at any time I decide to discontinue this service, I will notify the City of Ferndale.** I also understand that all information here will remain confidential.

SIGN HERE

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

Signature: _____ **Date:** _____

3. Provide the required financial information below:

To ensure the correct account number is used for this electronic payment and to obtain the ABA/routing number, please supply a voided check.

Name of financial institution: _____

ABA/Routing number: _____
(nine digit number, may be located in the lower left corner of your checks)

Checking Acct #: _____ or Savings Acct #: _____

4. Photocopy this form for your records and return original with the current payment to:

**City of Ferndale
Water Department
300 E. Nine Mile
Ferndale, MI 48220**

Office Use Only: Cycle # _____ Data Entry _____ Pre-Authorization _____