

**DIRECT PAYMENT
ENROLLMENT FORM**



COMPLETE THE INFORMATION REQUESTED BELOW (PLEASE PRINT):

I (we) hereby authorize the Village of Shelby to initiate debit entries to my checking/savings account at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited or debited in error.

NAME: _____

ADDRESS: _____

PHONE: (____) _____ EMAIL ADDRESS _____

NAME OF FINANCIAL INSTITUTION: _____

ABA/ROUTING # _____

CHECKING ACC# _____ OR SAVINGS ACC # _____

This authorization is to remain in full force and effect until the Village of Shelby has received written notification by me (or either of us) of its termination in such time and in such manner as to afford the Village of Shelby and financial institution a reasonable opportunity to act on it. I (we) also the Village of Shelby to initiate a debit to my (our) account for any charges the Village of Shelby incurs if a debit to my (our) account is rejected due to insufficient funds.

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

SIGNATURE _____ DATE _____

MAIL FORM AND VOIDED CHECK BACK TO: **Village of Shelby
Utility Billing
218 N. Michigan Ave.
Shelby, MI 49455**