

## **City of Hudsonville**

### **Automatic Utility Bill Payment / E-Bill Program**

The City of Hudsonville is offering residents the opportunity to pay their quarterly utility bill through an Automatic Bill Payment Program. By completing the enrollment form below, your quarterly bill will be automatically deducted from your specified checking or savings account on the bill due date. The City is offering this program to you at **no charge**. However, you may want to contact your financial institution for any fees they may charge.

**To cancel or change any banking information for this program, you will need to come into City Hall with your ID.**

**NEW! You may also enroll in e-mail electronic delivery of your quarterly utility bill.**

If you have any questions on these programs, please call us at (616) 669-0200 Monday – Thursday, between 7:30am – 5:30pm and Friday from 7:30am-11:30am.

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## **City of Hudsonville**

### **Utility Automatic Payment – E-Bill Enrollment Form**

Please print the following information:

Name: \_\_\_\_\_ W/S Acct No. \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

ABA/Routing Number: \_\_\_\_\_  
(9 digits located on the lower left of your check)

Select either your Checking or Savings Account and fill in the Account number (only one)

☐ Checking Account No: \_\_\_\_\_

☐ Savings Account No: \_\_\_\_\_

I hereby authorize the City of Hudsonville to deduct my utility payment from the checking or savings account listed above. I understand that I control my payments and if at any time I decide to discontinue this program I will notify the City of Hudsonville. I also understand that all information will remain confidential. This form cannot be processed without your signature and identification.

☐ Email: \_\_\_\_\_

By checking the box above, I elect to receive my quarterly bill electronically. I will keep my e-mail address updated with the Utility Billing Office. I understand that failure to receive a bill does not exempt me from penalty and collection activity. I understand that I will no longer receive a paper copy of my bill.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please bring this completed form with your ID to:

**City of Hudsonville, 3275 Central Blvd. Hudsonville, MI 49426-1450.**

☐ ID checked by: \_\_\_\_\_ Date: \_\_\_\_\_