



**City of Kalamazoo**  
**Automatic Bill Payment Plan Enrollment Form**  
**For Water and Sewer Bills**

I authorize the City of Kalamazoo 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 number.

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 KALAMAZOO IN WRITING AT LEAST TWO WEEKS PRIOR TO THE DUE DATE.**

Name: \_\_\_\_\_

Utility Account Number: \_\_\_\_\_

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

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

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

**If you'd like to sign up for paperless billing, please include your email address on the line below.**

Email address (not required for automatic bill payment): \_\_\_\_\_

**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: \_\_\_\_\_

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

Return completed form to:  
By Mail: City of Kalamazoo, Treasurer's Office, 241 W. South Street, Kalamazoo, MI 49007  
By Fax: (269) 567-7525 By Email: [paperless@kalamazoocity.org](mailto:paperless@kalamazoocity.org)  
Call (269) 337-8149 if you have any questions.