

DEPARTMENT OF WATERWORKS OF MICHIGAN CITY AUTOPAY ENROLLMENT

To sign up for AUTOPAY, return this form along with a voided check,

Mail to Department of Water Works of Michigan City, Attn. AUTOPAY, PO BOX 888, Michigan City, IN 46361

I authorized the Department of Water Works of Michigan City and the financial institution listed below to transfer (debit) money from the indicated checking or savings account for payment of my Water and Sanitation bill. I will continue to pay my bill by check until I am notified Autopay service has started. I have read and understood the AutoPay service agreement.

Customer Name _____ Your Water Department Account Number _____

Service Address (Street/City/Zip Code) _____ Your Phone Number _____

Mailing Address (if different) _____ Is this a Credit Union? Y N

Financial Institution _____ Financial Institution Phone _____

Address (Street/City/State/Zip Code) _____

Checking Account Savings Account

Routing Number _____ Account Number _____

Authorized Signature _____ Date _____

Note: Payment will be withdrawn on the due date.

[Provisions and Service Agreement for the Department of Water Works of Michigan City, IN AutoPay Bill Payment Service Payment Notice and Billing Questions](#)

Your bill will be mailed as usual to allow you to have adequate time to plan for your automatic payment or contact us if there is any question about your bill.

[Stop Payments](#)

You may stop any automatic payment by notifying your financial institution at least three business days prior to the payment date. However, when you stop payment on a check, you are responsible for any charges this may involve. You should also advise us of any requested stop payment.

[Record of Payment](#)

The amount and date of your automatic payment will be shown on your regular bank statement. This is your proof of payment. If there is a question about payment, or if the amount differs from your bill, you must notify us and your financial institution within 60 days of the date of the statement on which the error is first reflected to initiate an investigation.

[Availability of Funds](#)

You are responsible for having enough money in the indicated account on the payment date. You will be charged if your payment is returned for insufficient funds. Your electronic bill payment service will be cancelled if two payments are returned in a 12-month period.

[Payment Date](#)

We'll notify you prior to your first AutoPayment. Appropriate funds will be transferred from your checking or savings account as you have designated on your application.

[Termination](#)

This authorization will remain in effect until we receive written notice from you 30 days prior to the cancellation date or until your service has been terminated.

[Account/Address Change](#)

Please notify us of any account or address changes to ensure timely payments. You are responsible for submitting a new application when an account or address change occurs.

The Michigan City Department of Water Works of Michigan City reserves the right to discontinue any program offer at any time without any prior notice.

Forms that are not complete or do not include a voided check will not be processed or returned.