

AUTOMATIC BILL PAYMENT FORM

By completing this form you authorize DMU to withdraw payments from your checking or savings account. You will continue to receive your utility bill before the due date notifying you of the charges. Charges will be withdrawn from your checking/savings account on the 22nd of each month.

Sign up for this free service now to be effective for you next billing

Customer Name: _____

Service Address: _____

City: _____ ST: _____ Zip: _____

> Information below must be completed for application to be accepted

Financial Institution Name: _____

You MUST attach a voided check for checking accounts or a deposit slip for saving accounts when applying.

Type of Account: Savings Checking

Checking/Saving Account Number: _____

If funds are not available at the time of payment, the plan will be cancelled.

Financial Institution Routing/Transit Number: _____

Signature: _____ Date: _____

Office Hours

Monday - Thursday

7:00 a.m. - 4:30 p.m.

Friday

7:00 a.m. - 11:00 a.m.

Attached voided check or savings deposit slip below: