



CITY OF OWOSSO  
WATER DEPARTMENT  
989-725-0520

301 W. MAIN ST OWOSSO, MICHIGAN 48867-2958 · (989) 725-0599 · FAX (989) 723-8854

## AUTOMATIC BILL PAYMENT PROGRAM

With automatic bill payment, you can have your water/sewer utility bill automatically paid from any participating bank, savings and loan or credit union account. Complete the back of this form, return it and start enjoying these benefits:

- No check to write
- No postage to buy
- No trip to city hall to pay your bill
- No forgetting! Out of town? Your bill will be paid on time with no penalty for late payment.

All you have to do is make sure there is enough money in your account to cover the bill and remember to record the payments in your records.

You will continue to receive a water/sewer bill indicating you have selected the **Auto Bill Pay** option.

For additional information regarding this service, contact us at 989-725-0520 Monday through Friday from 9:00 am to 5:00 pm or via email to [jane.hunt@ci.owosso.mi.us](mailto:jane.hunt@ci.owosso.mi.us).

### FAQ's

**How long does it take to get on the plan?** Allow ten (10) days for processing. Depending on when you sign up, most accounts will be converted prior to the next bill. You should continue to pay as usual until you are notified on your utility bill.

**What if I have a question concerning the amount of my bill?** Contact the Water Department at least ten (10) days prior to the due date of your bill at 989-725-0520.

**What if there is not enough money in my account?** We will attempt to debit your bank account once. If there are insufficient funds, your payment will be treated similarly to a check with insufficient funds. Your payment will be removed and any penalties (for late/non-payment and insufficient funds) will be applied to your water/sewer account.

**What if I change banks or accounts?** A new Automatic Bill Payment Enrollment Form will be required with your signature and new bank or account information included. Again, depending when you make this change, most accounts can be converted prior to the next bill. Please allow time for processing.

**Can I withdraw from the program?** Yes. Notify the Water Department in writing, including your account number, address and bank information and the date you wish to cease participation. Ten (10) days minimum is required prior to the bill due date for processing.

**When will payments be deducted?** All payments will be automatically withdrawn from your designated account two (2) business days prior to the due date of the bill. If the due date is a Saturday, Sunday or holiday, the due date is extended to the following business day. The payment will be for the full amount of each bill.

**How do I sign up?** Complete the enrollment form (located on the back of this sheet). Enclose a copy of a voided check or savings deposit slip (if available) and return to:

City of Owosso  
Water Department  
301 W Main St.  
Owosso, MI 48867



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## AUTOMATIC UTILITY BILL PAYMENT PROGRAM ENROLLMENT FORM

FOLLOW THESE FOUR (4) STEPS TO SET UP DIRECT PAYMENT OF YOUR UTILITY BILL:

**1) Complete the contact information requested below (please print or type):**

NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

WATER/SEWER ACCOUNT NUMBER: \_\_\_\_\_

(IF YOU HAVE MULTIPLE ACCOUNTS YOU WOULD LIKE ENROLLED, SEPARATE FORMS FOR ACCOUNT EACH IS REQUIRED.)

**2) Provide your signature for authorization:**

*I authorize the City of Owosso to deduct my water/sewer utility payments from my checking or savings account listed below. I understand that I control my payments and if at any time I decide to discontinue this service, I will provide written notification to the City of Owosso at least ten days prior to the bill due date. I also understand that all information herein will remain confidential. THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**3) Provide the required financial information:**

To ensure the correct account number is used for this electronic payment and to obtain the ABA/routing number, please contact your financial institution for assistance.

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

ABA/ROUTING NUMBER: \_\_\_\_\_  
(NINE DIGIT NUMBER LOCATED IN THE LOWER LEFT CORNER OF YOUR CHECKS)

CHECKING ACCOUNT NUMBER: \_\_\_\_\_  
(PLEASE ATTACH A VOIDED CHECK FROM THIS ACCOUNT)

**OR**

SAVINGS ACCOUNT NUMBER: \_\_\_\_\_  
(PLEASE ATTACH A DEPOSIT SLIP IF AVAILABLE)

**4) Copy this form for your records and return the original to:**

City of Owosso  
Water Department  
301 W Main St.  
Owosso, MI 48867