

# City of Milan



Office of Administration

147 Wabash St. • Milan, Michigan 48160-1594  
Telephone (734) 439-1501 Fax: (734) 439-3925

## AUTOMATIC UTILITY BILL PAYMENT SYSTEM ENROLLMENT FORM

Your enrollment will be in effect until the City of Milan Clerk/Treasurers Office receives written notice of cancellation.

This information will be kept confidential and not used for any other purpose.

**PLEASE PRINT or TYPE**

### BILL PAYER INFORMATION

NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### BANK INFORMATION

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

BANK ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT TYPE: (check one) CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_

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

### CITY OF MILAN ADMINISTRATION OFFICE USE ONLY

Date received: \_\_\_\_\_ Received by initials: \_\_\_\_\_

Method received: (check one) Over Counter \_\_\_\_\_ Mail \_\_\_\_\_

Date posted to Utility Billing Program: \_\_\_\_\_ Posted by initials: \_\_\_\_\_