

Municipal Service Commission
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Wyandotte Municipal Services Automatic Bill Payment Enrollment Form

Name _____ Utility Account Number _____

Service Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Alternative Phone _____

Name of Financial Institution: _____

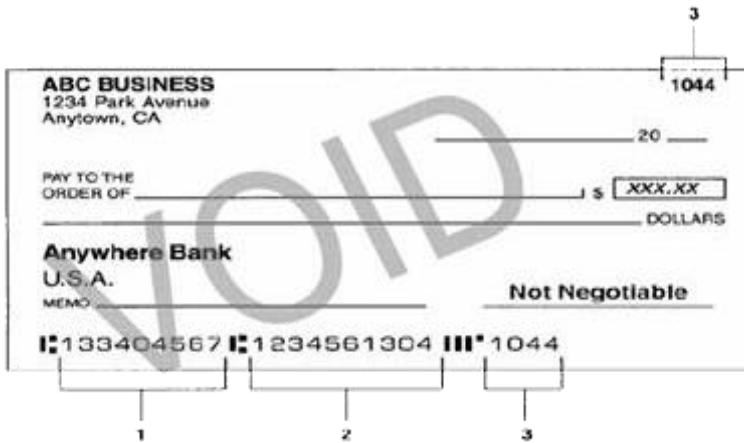
ABA/Routing Number _____ Checking Account Number _____

Savings Account Number _____ - Please provide proof of savings account documentation

PLEASE CONTACT YOUR FINANCIAL INSTITUTION FOR ASSISTANCE TO ENSURE THE CORRECT ACCOUNT NUMBER IS USED FOR THE ELECTRONIC PAYMENT AND TO OBTAIN THE ABA/ROUTING NUMBER.

PLEASE NOTE THE FINAL BILL WILL NOT BE AUTOMATICALLY DRAFTED

PLEASE ATTACH VOID CHECK HERE



- 1 Routing Number (requires 9 digits)
- 2 Bank Account Number (not to exceed 17 digits)
- 3 Check Number

I authorize the Department of Municipal Services to deduct my utility bill payments from the checking or savings account listed. I understand that I control my payments and if I decide to discontinue this payment I will notify the Department of Municipal Services in writing. I also understand that all information provided will remain confidential.

Signature: _____ Date: _____

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

For your convenience, you may include this application with your next bill payment

DMS accepted: _____ Date: _____