VILLAGE OF HOLLLY

DIRECT DEBIT ENROLLMENT FORM

Follow these four (4) easy steps to set up direct debit payment of your monthly utility bill:

CONTACT INFORMATION			
NAME:			
SERVICE ADDRESS:			
MAILING ADDRESS:			
HOME TELEPHONE #: ()	CELL PH	IONE #: ()	
UTILITY ACCOUNT #		_	
EMAIL:			
PROVIDE YOUR SIGNATURE FOR AUTHORIZATION			
I authorize the Village of Holly to deduct my water/sewer utility billing payments from my checking account			
or savings account listed below on the day of the month the bill is due. I understand all information here			
will remain confidential.			
		5.	
Signature: Date:			
PROVIDE THE REQUIRED FINANCIAL INSTITUTION 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. We are not able to debit Money Market or Investment Accounts. Name of Financial Institution:			
ABA/Routing #: Account #:			
Begin Debit on:	CIRCLE ONE:	CHECKING	SAVINGS
Copy this form for your records and return the original village of Holly Karl Richter Center 300 East Street Holly, MI 48442	ginal form to:		
ADDITIONAL INFORMATION			
The Village of Holly will attempt to debit your bank sufficient funds (NSF) fee will be added to your util payment to the Village of Holly Office. Automatic brought current. If a utility account is NSF more the This authorization will continue in effect until the cleast ten (10) days prior to the next billing. For Village of Holly Use Only	lity account and you payment will resum an twice, it will be r	will be responsible for when your account le emoved from the aut	or making has been o-payment plan.
Entered By		Date	