

Village of Cassopolis Utility Payment Automatic Transfer Authorization

In order to provide convenient monthly payments of my utility bill, I authorize the Village of Cassopolis to transfer funds from my checking account to the Village of Cassopolis as payment for the utility account designated below. The total amount authorized to be transferred will be the amount of my bill. I understand that if my bank cannot pay this transfer, my utility account will be considered delinquent.

- Payment for regular cycle utility bills will be withdrawn from the below noted financial account on the due date noted on the bill.
- The Village of Cassopolis will attempt to debit the financial account once. If payment is returned NSF, a non-sufficient funds fee will be added to the utility account along with late fees. The utility account holder will be responsible for making payment right away through cash or money order. Automatic payments will resume when the utility account has been made current. If a utility payment is returned NSF for two bill cycles, the utility account will be removed from the automatic transfer plan. I acknowledge and agree that a \$25.00 non-sufficient funds fee (NSF) shall be charged in the event funds are not available at the time of withdrawal.
- Money Market and Investment Accounts are ineligible for this program.
- Submission of a modification request will cancel the previously submitted financial institution /account information.
- Requests to modify or cancel automatic payments must be submitted in writing at least two calendar weeks prior to the next scheduled draft date.
- Completed form must be submitted before the first of the month in order for the account to be active and withdrawal on the following due date. Customers who submit after the first of the month will need to make an alternate payment (cash, check, card) for the first month to avoid a late penalty.

Choose One:

- I request to ESTABLISH automatic transfer.
- I request to MODIFY my previously established automatic transfer.

Utility Account Information

Utility Account # _____ Name on Account _____

Service Address _____

Phone _____ Email _____

- I want to go paperless and receive my monthly statement via the email address listed above.

Financial Institution Information

Name of Bank _____ Account Holder's Name _____

Bank Routing # _____ Checking Account # _____

Signature _____ Date _____

Email completed form to:
payments@cassopolis-mi.us

OR

Mail completed form to:
Village of Cassopolis
121 N. Disbrow
Cassopolis, MI 49031