

# Make your Garbage Bill Paying Convenient!

## AUTOMATIC BILL PAYMENT AUTHORIZATION FORM

Customer Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Property # XA0- \_\_\_\_\_ Address \_\_\_\_\_

Property # XA0- \_\_\_\_\_ Address \_\_\_\_\_

Financial Institution \_\_\_\_\_ Savings/Checking \_\_\_\_\_  
(circle one)

Routing Number \_\_\_\_\_

I authorize the financial institution named above to deduct my garbage payment from the checking/savings account listed above. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify the City of Adrian.

Signature \_\_\_\_\_

Date \_\_\_\_\_

In the event of an error, I give the City of Adrian permission to debit my account for the amount needed to correct the error.

If the amount or the date of the withdrawal will change, the City of Adrian will notify me at least ten days before the next withdrawal.

If I want to change information or discontinue this service, I must notify the City of Adrian at least ten days before the next scheduled withdrawal.



City of Adrian  
135 E. Maumee Street  
Adrian, MI 49221

Phone: 517-264-4832 517-264-4826  
Fax: 517-266-4693  
[www.adriancity.com](http://www.adriancity.com)

*"respect for the individual voice, service for the common good"*