



Electric, Steam, Water  
Cable Television and High Speed Internet  
Service since 1889  
*An Equal Opportunity Employer*

## 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: \_\_\_\_\_

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 BE AUTOMATICALLY DRAFTED**

**PLEASE ATTACH VOIDED CHECK HERE**

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

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 you next bill payment**

DMS accepted: \_\_\_\_\_ Date: \_\_\_\_\_