MUSKEGON

West Michigan's Shoreline City
www.shorelinecity.com

CITY OF MUSKEGON

933 Terrace St PO Box 536
Muskegon, MI 49443
231.724.6718
waterhelp@shorelinecity.com
www.muskegon-mi.gov

WATER BILLING AUTO-PAY

Please read prior to signing:

1. Be sure to indicate the service address to be enrolled and the auto-pay option you wish to enroll in.

2. Remember to sign the form at the bottom. Your signature authorizes the City to automatically deduct payment from your account on the due date. You will receive a 75-cent monthly billing credit. There is no charge for this payment option and you may discontinue at any time. Your application will be processed within 10 days of receipt.

3. While you participate in auto-pay, we will continue to read your meter and send you a bill as usual. You will receive the bill approximately 10-15 days before it is due to give you a chance to review it. *You will not have to do anything with the bill except keep it for your records.*

    Please return this form to the address above or email it to WATERHELP@SHORELINECITY.COM.

Customer Name_____ Phone_____

Service Address_____ Zip Code_____

Water Account _____

Debit or Credit Card: Card # _____   Expiration Date _____ / _____
Visa, MasterCard, or Discover Only

Cardholder Name (if different from customer) _____

Checking: Bank Routing # _____ Account #_____
Include Voided Check

Bank/Financial Institution: _____

Mailing Address (if different from service address) _____

Authorized Signature: _____ Date_____

The above signature authorizes the City of Muskegon to initiate periodic withdrawals from the customer's account for payment of water-sewer bills. This authorization will remain in effect until notice of termination is given to the City of Muskegon Water Billing Department. It is the customer's responsibility to notify the City of Muskegon Water Billing Department of any account number or expiration date changes. The City shall keep bank account and credit card numbers confidential in accordance with the provisions for confidentiality found in the Michigan Freedom of Information Act.

Attach Voided Check Here
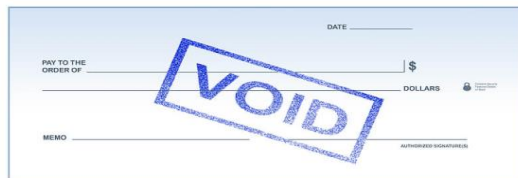
For office use only

For Checking/ACH	For Credit Card
Enter banking info in UB	Enter info in MagicWrighter
Activate ACH	Add "Yes" in CC Autopay field in UB
Add Credit to Bill	Add Credit to Bill
Add Comment	Add Comment
Stamp Posted /Scanned/Attach to UB	Stamp Posted/Scanned/Attach to UB