

**DIRECT PAYMENT  
ENROLLMENT FORM**



COMPLETE THE INFORMATION REQUESTED BELOW (PLEASE PRINT):

I (we) hereby authorize the Village of Shelby to initiate debit entries to my checking/savings account at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited or debited in error.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

NAME OF FINANCIAL INSTITUTION: \_\_\_\_\_

ABA/ROUTING # \_\_\_\_\_

CHECKING ACC# \_\_\_\_\_ OR SAVINGS ACC # \_\_\_\_\_

This authorization is to remain in full force and effect until the Village of Shelby has received written notification by me (or either of us) of its termination in such time and in such manner as to afford the Village of Shelby and financial institution a reasonable opportunity to act on it. I (we) also the Village of Shelby to initiate a debit to my (our) account for any changes the Village of Shelby incurs if a debit to my (our) account is rejected due to insufficient funds.

THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**MAIL FORM AND VOIDED CHECK BACK TO: Village of Shelby  
Utility Billing  
218 N. Michigan Ave.  
Shelby, MI 49455**