



Water Billing – Finance Department

700 Broad Street
St. Joseph, MI 49085
Phone: 269.983.6324
Fax: 269.985.0347

www.sjcity.com
email: water@sjcity.com

Automatic Bill Payment (ACH) Application

General Information

Water Account Number: _____ Date: _____

Service Address: _____ Phone Number: _____

Account Holder Name: _____

Email: _____

Automatic Bill Payment (ACH Debit) Authorization:

I authorize the St. Joseph Water Billing – Finance Department and my financial institution to automatically deduct my water/sewer payment from the checking or saving account listed below. I understand either party may cancel this agreement, in writing, at any time.

Financial Institution: _____

Bank Routing Number: _____

Bank Account Number: _____

Account Type (chosed one): Checking Account: _____ Savings Account: _____

This authority is to remain in full force and effect until the City of St. Joseph receives written notification (within time frame) from me (or either party) of its termination in such time and in such manner as to afford the City of St. Joseph a reasonable opportunity to act on it.

Please note: When enrollment becomes effective, your balance due will be deducted from your bank account on the due date. Please continue to deliver your payment until such time as your bill stub indicates that the auto withdrawal (ACH) is effective.

Signature of Account Holder : _____ Date: _____

Locating routing and account number

