

City of Rochester Agreement for ACH Billing & Paperless Billing
400 Sixth Street
Rochester, MI 48307
Phone: (248) 651-9061

ACH
 Email Bill
 Email & Paper Bill

A voided check must be attached to enroll or change bank accounts

Customer Name(s) (as it/they appear on your bank account)	
Service Address (residential only – include city, state and zip)	
Mailing Address (include city, state and zip)	
Customer Account Number (located on the side left of bill)	
Customer Email Address	
Contact Phone Number	
I (We), the undersigned, hereby authorize the City of Rochester , to initiate debit entries and/or correction entries to our checking account at the bank/depository named below. The ACH Debit transaction will take place on the 15th of each month . If the 15 th should fall on a weekend or holiday, the ACH Debit transaction will take place on the next business day. Customers will then see an entry description of UTL PAY on their bank statement.	
Bank/Depository Name	
Bank Transit/Route/ABA Number	Bank Account Number
The authorization is to remain in full force until the City of Rochester has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of Rochester and bank/depository reasonable opportunity in which to act.	
Signature	Date

