



MILAN

Connect with what matters

147 WABASH STREET, MILAN MI 48160

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www.milanmich.org

**CITY OF MILAN
AUTOMATIC UTILITY BILL PAYMENT SYSTEM ENROLLMENT FORM**

Enrollment in effect until City of Milan Treasurer's Office receives written notice of cancellation.
Information will be kept confidential and not used for any other purpose.

BILL PAYER INFORMATION

NAME: _____ ACCOUNT #: _____

SERVICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

BANK INFORMATION

BANK NAME: _____

BANK ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE: (check one) CHECKING _____ SAVINGS _____

SIGNATURE: _____ DATE: _____

***PLEASE SUBMIT A VOIDED CHECK WITH THIS FORM**

<u>OFFICE USE ONLY</u>	
Date Received:	_____
Method Received (check one):	Front Counter _____ Mail _____
Date posted to UB:	_____ Posted by initials: _____