MHOG Utilities ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account on the billing due date every three months. Just complete and sign this form to get started. There is no charge and you may discontinue at any time. If you have any questions, just give our billing department a call at (800) 881-4109.

| Please check one: | |
|---|--|
| | YES - I would like to participate in the Auto Debit Program. I understand that the quarterly debit will be my total utility bill balance. |
| | CHANGE - Please make changes to my Auto Debit Account as indicated below. |
| | STOP - Please stop my participation in the Auto Debit Program. |
| - Nar | me(s) on Account: |
| - Service Address: | |
| | ity Billing Account Number(s): ne Number(s): |
| Email Address: | |
| Paperless Billing - Please sign me up for paperless billing. YES - I would like to participate in the paperless billing program. | |
| | nt Type: Checking Savings on Acct |
| Bank N | FOR |
| Accoun | nt Number |
| Bank R | Routing # |
| Bank C | City/State |
| | |

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

Date __

Submit form to: MHOG Utility Department, 2911 Dorr Road, Brighton, MI 48116 or fax to (877) 881-4078

Authorized Signature:

Completed form must be submitted at least 15 days prior to the next billing due date to take effect for that quarter. Otherwise, please submit proper payment to avoid late fees.