

CITY OF MILAN
AUTOMATIC UTILITY BILL PAYMENT SYSTEM ENROLLMENT FORM

Your enrollment will be in effect until the City of Milan Clerk/Treasurer's Office receives written notice of cancellation.

This information will be kept confidential and not used for any other purpose.

PLEASE PRINT or TYPE

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:** _____

CLERK/TREASURER'S OFFICE USE ONLY

Date received: _____ Received by initials: _____

Method received: (check one) **Over Counter** _____ **Mail** _____

Date posted to Utility Billing Program: _____ Posted by initials: _____