



601 Avenue A, Springfield, MI 49037-7774  
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Office Hours: 7am to 6pm  
Monday thru Thursday (closed Friday)  
www.springfieldmich.com

Please print and return  
to Springfield City Hall

## Utility Bill ACH Authorization Form

### Utility Account Holder Information

First Name:

Last Name:

Address

City: Springfield State: MI Zip:

Account Type: Residential Commercial

Springfield Account Number

Phone Number

### Bank Account Holder Information

First Name:

Last Name:

I the account holder, authorize the City of Springfield to withdraw the full amount of my utility bill on the business day closest to the due date of the current billing cycle. Payment will be withdrawn from the financial institution shown below. This authorization shall remain in effect until the City of Springfield receives written notification from the account holder listed above.

Financial Institution

Checking  Savings (please choose one) Phone Number

Address

Signature

City

State

Zip Code

Routing Number

Account Number