City of Dearborn

Automatic Water & Sewerage Bill Payment Program Application

With our FREE Automatic Bill Payment Program, you can have your Water & Sewerage Bill automatically withdrawn from your bank account on the due date. Just complete and sign this form to get started!

Important Program Information:

- Please complete an application for each water & sewerage account you intend to pay using the Automatic Bill Payment Program. Once enrolled in the program, you will still receive your statement in the mail indicating that the balance due will be withdrawn from your bank account on the due date.
- Applicant authorizes the City to withdraw water & sewerage amounts due from the specified bank account for the service address below. Please do not use any other method of payment while you are enrolled in this program.
- If the City of Dearborn is unable to debit your bank account for the amount due because of non-sufficient funds (NSF), the City will charge your water & sewerage account a $30 NSF FEE. You will be responsible for all penalties accrued on the account. If the due date falls on a weekend or holiday, the ACH withdrawal will occur on the next business day.
- If you have any questions and/or need assistance in completing this form, please call the Water & Sewerage Division at (313) 943 – 2427.

I authorize the City of Dearborn to withdraw my Water & Sewerage Bill from my bank account listed below on the due date stated on the bill.

Last Name (Please Print) _____ First Name (Please Print) _____ MI _____

Mailing Address (Number and Street) _____ City _____ State _____ Zip _____

Phone Number _____ E-Mail Address _____

Water Account Number: _____

Property/Service Address: _____

Bank Name: _____ Select One:

Bank Routing Number: _____ ☐ Checking Account

Bank Account Number: _____ ☐ Savings Account

Please **attach a voided check** to this form.

I have read the important program information above and agree to the terms. I also understand that ***this authorization is in full effect until I submit a Cancellation Request Form which must be received by the Treasurer's Office 14 days prior to the due date***.

Authorized Signature: _____ Date: _____

Mail completed applications to:
City of Dearborn, Water & Sewerage Division, 2951 Greenfield Road, Dearborn, MI 48120
Please retain copy of this form for your records.
Questions? Call (313) 943 – 2427