



# City of Gaylord

305 E. Main Street ♦ Gaylord, MI 49735 ♦ 989-732-4060 ♦ www.cityofgaylord.com

## Automatic Payment Plan (APP) Authorization Agreement

---

**Please complete ALL Sections.**

1) Financial Institution: \_\_\_\_\_

2) Checking Account Number: \_\_\_\_\_

3) Name as shown on financial institution records:

\_\_\_\_\_

4) Name on City of Gaylord Water/Sewer Account:

\_\_\_\_\_

5) Property Address: \_\_\_\_\_

6) City of Gaylord Water/Sewer Account Number (as shown on your bill):

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

7) Your phone number: \_\_\_\_\_

**I authorize the City of Gaylord to deduct funds from my account at the financial institution indicated for the billed amount of my Water/Sewer bill on the payment due date. I understand that I can stop the automatic payments if I notify the City of Gaylord in writing. I also understand that the City of Gaylord and/or my financial institution can stop my participating in this service if necessary.**

**Authorized signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Attach voided check in the space below: