



CITY of EASTPOINTE

FINANCE DEPARTMENT
(586) 445-5030 • FAX (586) 445-4392

MUNICIPAL OFFICES
23200 GRATIOT AVENUE
EASTPOINTE, MI 48021

Dear Water/Sewer Customer:

The City of Eastpointe is offering you the opportunity to pay your water/sewer bill through our Direct Payment Service. By sending in the completed enrollment form below, your total bill will be automatically deducted from your specified checking or savings account on the bill due date. You are to continue to pay your bill as you normally would until your water/sewer bill indicates that you have been signed up for the service – then stop sending payments. Non-sufficient fund charges still apply.

This program is anticipated to begin September 2010 and is offered to you at no charge by the City. Most financial institutions do not charge for the service. Please contact yours if you are unsure. You will still receive a bill to update your checking/savings account. If you prefer to receive your bill via email select the option below and provide your email address. Should the email be delivered as SPAM, you are not relieved of your obligation. Simply identify the correspondence not to be SPAM. If you need a new enrollment card or decide to cancel, simply call 586.445.5030 or write the Finance Department at City Hall.

If you have any questions on this program, please call us at 586.445.5030, Monday-Friday, between 8:30 a.m. – 5:00 p.m.

City of Eastpointe Finance Department

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Please print the following information:

Name: _____ W/S Account No.: _____ - _____

Service Address: _____ City: _____ State: _____ ZIP Code: _____

Mailing Address (if different): _____

Select to have W&S bill emailed Email Address: _____

I understand I am under obligation to pay my W/S bill should the email be delivered as SPAM

Daytime phone number: () _____ Name of Financial Institution: _____

ABA/routing number (9 digits located on the lower left of your checks): _____

Select either your *Checking or Savings Account* and fill in Account No:

Checking Account No: _____

Savings Account No: _____

I hereby authorize the City of Eastpointe to deduct my W/S payment from the checking or savings account listed above.

Signature: _____ Date: _____

This form may be mailed with your w/s payment; or mailed to: City of Eastpointe, Finance Office, 23200 Gratiot Ave, Eastpointe, MI 48021; or in the Drop Box at City Hall