



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: