



**Traverse City Utilities**  
Water and Sewer Department  
Traverse City Light and Power Department

**Auto Debit Enrollment Form**

*Follow the four easy steps detailed below to complete the enrollment process.*

**1. Complete the contact information requested below. Please print.**

Name (as shown on your utility bill): \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**2. Provide your signature for authorization.**

I authorize the City of Traverse City/Traverse City Light and Power to deduct my payment(s) from the checking or savings account listed below. **I understand that I control my payments and if at any time I decide to discontinue service I will notify the City of Traverse City/Traverse City Light and Power.** I also understand that all information provided will remain confidential.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Provide the required financial information below.**

To ensure the correct account number is used for this electronic payment and to obtain the ABA/routing number, **YOU MUST PROVIDE A VOIDED CHECK WITH YOUR AUTO DEBIT ENROLLMENT FORM.** Debit slips are not accepted.

Name of financial institution: \_\_\_\_\_

ABA/routing number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

-or-

Savings Account Number: \_\_\_\_\_

**4. List your utility account number(s) that you would like enrolled in the Auto Debit Program.**

Account Number: \_\_\_\_\_

**5. Go Green! Sign up for paperless billing.**

Email: \_\_\_\_\_

**PLEASE PRINT, SIGN AND MAIL/DROP OFF THIS FORM, ALONG WITH A VOIDED CHECK, TO THE FOLLOWING ADDRESS: CITY OF TRAVERSE CITY, 400 BOARDMAN AVENUE, TRAVERSE CITY, MI 49684. THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE.**

For questions, please call Customer Service at 231-922-4431