



City of Rochester Hills Water/Sewer Utility Bill Automatic Payment Enrollment Form

Enrollment for automatic payment via checking or savings account.

The City of Rochester Hills offers at no charge automatic bill payment of your water/sewer bill via your checking or savings account. You will still receive your bill in your normal way informing you of the amount due and the date the payment will be deducted from your bank account.

Please note: You are to continue to pay your bill as usual until your water/sewer bill states "ENROLLED IN AUTOMATIC BILL PAYMENT - DO NOT PAY." At that time, you may stop sending payments--normally within one billing cycle.

If you have any questions about this form, please contact the Rochester Hills Treasury Department via email at treasury@rochesterhills.org or by phone at 248.841.2580.

* Required

Water & Sewer Account Information

Account Number

Account Status

New Account (New Automatic Bill Payment Customer)

Update Account (City must be notified at least 3 days prior to scheduled payment date.)

Cancel Account (City must be notified at least 3 days prior to scheduled payment date.)

First Name *

Last Name *

Water & Sewer Account Address *

Mailing Address (if different)

Day Time Phone Number *

Email Address *

Bank Account Information

Financial Institution Name *

Routing Number (must be 9 digits) *

IMPORTANT: Please be sure to provide either a checking account or savings account number below.

Bank Account Number * Please include leading zeroes (Example: 00012345)

Checking Account Number OR

Savings Account Number

Agreement and Authorization

Authorization *

I hereby authorize the City of Rochester Hills to make recurring deductions on the bill due date for my Water/Sewer Bill for the total amount due from the checking or savings account listed above. I acknowledge that a \$30.00 returned item fee shall be charged if my payment to the city is rejected by my bank due to insufficient funds or if the account is closed, in addition to the late penalty fee.

I agree (please click the check box and type your full name in the blank below)

Electronic Signature *

I hereby certify that by checking "I agree" in the authorization above and typing my full name below, I am entering into a legally binding contract between the City of Rochester Hills and myself or the entity I am authorized to represent.

Date * You must include date of submission. (Example: January 15, 2020)

Additional Comments

Please Note: The **Submit via Email button** does not work with all email accounts. If you want to submit by email and the **Email button is not working** for you, you must print the form to Save as PDF then attach to an email to abpenroll@rochesterhills.org. We apologize for any inconvenience. If you assistance with enrolling, please call 248-841-2581 or 248-841-2580.