

**BOARD OF LIGHT & POWER
1700 EATON DRIVE
GRAND HAVEN, MI 49417
616-846-6250**

Authorization for Automatic Bill Payment

I (print name of checking/savings account holder), _____
authorize my bank to make monthly payments directly to the Board of Light and Power
and post them to my bank account. Such payments shall be equal to the amount shown on
the monthly electric bill and payable on the due date shown on that bill. Adjusting entries
to correct errors are also authorized. It is agreed that these withdrawals and adjustments
may be made electronically and under the Rules of the Michigan Automated Clearing
House Association. This authorization will remain in effect until written notice of
termination is given to the Board of Light and Power.

Name (as shown on your bill): _____

Service Address: _____

Mailing Address (if different): _____

City/State/Zip: _____

BLP Customer/Account No.: _____ Daytime Phone: _____

Bank Name: _____

Bank Address: _____

ABA/Routing Number: _____

Checking Account No. _____ or Savings Account No. _____
(attach a VOIDED check or deposit slip with this form.)

SIGNATURE: _____ DATE _____

E-mail Address: _____

Office Use: Date Recd: _____
Begin with billing: _____
