

DEPARTMENT OF PUBLIC UTILITIES

211 E. Boundary Street | Perrysburg, OH 43551 | Office 419 872 8050 | www.ci.perrysburg.oh.us

The City of Perrysburg Department of Public Utilities Office has the capability to automatically withdraw your payment from your bank account. The payment will be withdrawn on the due date. In the event that the due date falls on a holiday or weekend, it will be withdrawn on the next business day.

If you are interested in starting this service, please complete this form and return it along with a voided check to 211 E. Boundary St., Perrysburg, Ohio 43551 or by email to utilities@ci.perrysburg.oh.us. If you have any questions, please call (419) 872-8050.

AUTHORIZATION AGREEMENT FOR AUTOMATIC UTILITY BILL PAYMENT

I (we) hereby authorize the Perrysburg Department of Public Utilities, hereinafter called COMPANY, to initiate debit entries to my (our) checking/savings account indicated below and the depository name below, hereinafter called DEPOSITORY, to debit the same to such amount.

DEPOSITORY/BANK NAME: _____ Checking Savings

CITY: _____ **STATE:** _____ **ZIP:** _____

TRANSIT/ ROUTING #: _____

BANK ACCOUNT #: _____

This Authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (either of us) has the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account had been charged, a customer has the right to have the amount of erroneous debit immediately credited to his account by DEPOSITORY, provided I (we) send written notice of such debit in error to DEPOSITORY within 15 days following issuance of the account statement of 45 days after posting whichever comes first.

NAME (1): _____ **NAME (2):** _____

PERRYSBURG ACCOUNT NUMBER: _____ - _____ - _____

SERVICE ADDRESS: _____

DATE: _____

SIGNATURE (1): _____

SIGNATURE (2): _____

IF JOINT ACCOUNT BOTH MUST SIGN

PLEASE ATTACH VOIDED CHECK