

**DEPARTMENT OF PUBLIC UTILITIES**

211 E Boundary Street | Perrysburg, OH 43551 | Office 419 872 8050 | [www.ci.perrysburg.oh.us](http://www.ci.perrysburg.oh.us)

**DIRECT WITHDRAWAL APPLICATION**

The City of Perrysburg Department of Public Utilities has the capability to automatically withdraw your payment from your bank account. The payment will be withdrawn on the due date. If the due date falls on a holiday or weekend, it will be withdrawn on the next business day.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, complete this form and return it along with a voided check to 211 E. Boundary St., Perrysburg, Ohio 43551. 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) have 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.

Perrysburg Account # \_\_\_\_\_

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

_____ Name Applicant 1	_____ Name Applicant 2
_____ Signature Applicant 1	_____ Signature Applicant 2

**PLEASE ATTACH A VOIDED CHECK**