

CITY OF DEFIANCE, OHIO

AUTOPAY AGREEMENT – AUTHORIZATION FOR ELECTRONIC FUND TRANSFER

I (we) hereby authorize the City of Defiance Utility Billing Office to initiate debit entries to my (our) checking/savings account indicated below and the Depository named below to debit the same to such account.

Please Print:

Depositor/Bank Name_____

_____Checking or _____Savings Bank Phone #_____

Bank Address: City_____ State_____ Zip_____

Routing#_____ Account #_____

This authority is to remain in full force and effect until the utility office has received written notification from me (or either of us) of its termination in such time and manner as to afford the Utility Office and Depository a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to the Utility Office at such time as to afford the Utility Office a reasonable opportunity to act on it prior to charging the account, which is the “Due Date” on the bill.

Please Print:

Customer Name _____

Customer Address _____

Water Service Address _____

Customer Phone Number _____

City of Defiance Account Number _____

Signature of Customer _____

Date _____

Please attach a voided check (with the correct Routing#)