

CITY OF FINDLAY, OHIO
AUTOPAY AGREEMENT – AUTHORIZATION FOR ELECTRONIC FUND TRANSFER

Findlay Water/Sewer Billing Office
136 North Blanchard Street
Findlay, Ohio 45840

I (we) hereby authorize the City of Findlay, hereinafter called the City, to initiate debit entries to my (our) checking/savings account indicated below at the depository financial institution named below, hereafter called Depository, and to debit the same to such account. I (we) acknowledge that the origination of ACH transaction to my (our) account must comply with the provision of the U.S. law.

PLEASE PRINT:

Depositor/Bank Name _____

Checking Savings

Transit/ABA # _____ Bank Account # _____

Please attach a voided check or Bank Document (with the correct Transit/ABA number)

This authority is to remain in full effect until the City has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City and Depository a reasonable opportunity to act on it. Accounts are processed on the 11th day of each month unless it falls on a weekend or holiday, the ACH will then be processed on the day prior. If account information changes or you close the account, please notify us at least 5 days prior to the 11th day of the month to make corrections.

PLEASE PRINT:

Customer Name _____

Customer Address _____

Water Service Address _____

Customer Phone Number _____

City of Findlay Water & Wastewater Account Number _____

Signature of Customer _____

Date _____

Incorrect information or lack of funds when ACH draft is processed will result in a \$25.00 fee.

Please complete a separate agreement for each Water & Wastewater Account

Acct # _____