

THE CITY OF AVON UTILITIES DEPARTMENT
AUTOMATIC MONTHLY ACCOUNT PAYMENT AUTHORIZATION FORM

March 25, 2015

Effective _____, I hereby authorize The City of Avon and the depository financial institution named below to initiate electronic debit entries, and, if necessary, credit entries to my account listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

(FINANCIAL INSTITUTION NAME)

(BRANCH)

(ADDRESS)

(CITY, STATE, ZIP CODE)

(ROUTING NUMBER)

(BANK ACCOUNT NUMBER)

____ Checking Account

____ Savings Account

This authority is to remain in full force and effect until the City of Avon has received written notification of its termination in such time and manner as to afford the City and the financial institution a reasonable opportunity to act on it.

(PRINT INDIVIDUAL NAME)

(PRINT WATER-SEWER BILLING ACCOUNT NUMBER)

(WATER SERVICE ADDRESS)

(SIGNATURE)

(PRINT PHONE NUMBER)

(DATE)

RETURN THIS FORM WITH A COPY OF A VOIDED CHECK IF PAYING FROM A CHECKING ACCOUNT OR A DEPOSIT SLIP IF PAYING FROM A SAVINGS ACCOUNT TO:
CITY OF AVON DEPARTMENT OF UTILITIES
36080 CHESTER RD.
AVON, OHIO 44011