UTILITY PAYMENTS

Authorization Agreement for
Automatic Bill Payment through ACH Deduction

Customer Information

Name:_____
<div align="center">(as it appears on your bank account)</div>

Mailing Address:_____

City, State, Zip:_____

Daytime Phone Number:_____

Service/Account Address (if different from above)_____

Utility Account Number:_____

Financial Institution Information

Your Financial Institution's Name:_____

Checking ABA Routing#:_____Checking Account #:_____
<div>(FIRST SET OF NUMBERS AT THE BOTTOM OF CHECK)   (Attach Voided Check)</div>

Bank Address:_____

Bank Phone Number:_____

Authorization

I hereby authorize the City of Monroe to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) checking account indicated above. This authority is to remain in full force and effect until written notice from me has been received by the company in such a manner as to afford reasonable time to act on it.

Date:_____Signature:_____

PLEASE ENCLOSE/ATTACH A VOIDED CHECK WITH APPLICATION FOR PROCESSING.

<div align="center">

233 South Main Street, P.O. Box 330, Monroe, Ohio 45050
Phone (513) 539-7374
Fax (513) 360-2232
Email UB@MonroeOhio.org

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