

**Please staple a voided check
or savings deposit slip with
proper account numbers
here.**

Authorization for Automatic Payment

I authorize the **City of Painesville Utilities Office** and the financial institution shown below to initiate entries to my checking or savings account. This authority will remain in effect until I notify you in writing to cancel it. I intend to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged. If stopping payment, please also notify the city of Painesville 3 business days before due date.

Please return form to: City of Painesville, Utilities Office, P. O. Box 601, Painesville, Ohio 44077

Name of Financial Institution Branch

Address of Financial Institution City State Zip

Signature Date

Name-Please Print Phone Number

Address of Utility Service City of Painesville Account #

Financial Institution Routing Number

Indicate whether we are to debit your saving account or checking account:

Checking Account Savings Account Account Number _____

Retain for your Records

On _____ I authorized the City of Painesville Utilities Office, P.O. Box 601, Painesville, Ohio 44077, (440) 392-5797, to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the City at any time by writing to the City of Painesville. If the payment changes, we will notify you at least 10 days before the regularly scheduled payment date.

Monthly payment date: 15 days after billing date