

City of Painesville, Ohio
Authorization Agreement for ACH Automatic Payment
Customer Information

Name _____
(as it appears on your bank account)

Mailing Address: _____

City, State, Zip: _____

Daytime Phone Number _____

Your Service/Account Address (if different from above) _____

Your Utility Account Number _____
(See your bill)

Your CUSTOMER ID# _____

Financial Institution Information

Your Financial Institution's Name _____

Checking ABA Routing# _____ Checking Account # _____
(FIRST SET OF NUMBERS AT THE BOTTOM OF CHECK) (Attach Voided Check)

Bank Address _____

Bank Phone Number _____

Authorization

I authorize the City of Painesville Utilities Office and the financial institution shown above 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.

Date: _____ Signature _____

PLEASE ATTACH A VOIDED CHECK WITH THIS APPLICATION FOR PROCESSING.

Please mail form to: City of Painesville, Utilities Office, P. O. Box 601, Painesville, Ohio 44077
or email this application and scanned voided check to painesvilleUB@painesville.com