

## THE CITY OF HILLSBORO, OHIO

130 NORTH HIGH STREET·HILLSBORO, OHIO 45133-1152

## Direct/Automatic/Recurring Bill Payment Withdrawal AUTHORIZATION FORM

## PLEASE PRINT

Account Name:			
Book: Accoun	nt Number:		
Service Address of accou	nt:		
Telephone: Cell:	Home:	Work:	
Email address (for payme	ent confirmation):		
Financial Institution Inf	ormation:		
Account Holder's (check	king/savings) Printed Name:		
Financial Institution Na	me:		
Financial Institution Ro	uting Number:		
Account Number (check	ting/savings):		
Account Type: (select or	ne) 🗆 Checking 🗆 Savings		
(Attach a voided check)			
billing period for the total amo account listed above. I unders	ount due for that period. A receipt will be emaile tand this debit will be made each month on the a- nt will be debited on the next business day. This	ransfers and debit the authorized debit amount each d to you indicating the designated checking or savings count's payment date due. If the date due falls on a sauthorization will remain in effect until I notify	
fillsboro Public Utilities must receive a request to terminate at least five days before the scheduled payment date due. Terminate equests are to be made by speaking to a representative at the number below or writing to the address above.			
submit my monthly payment b	y mail, online or over the phone until I am notifi	s changes to my automatic payment withdrawal. I must ded that the automatic payment withdrawal has started or ayment withdrawal will be canceled when this form is	
Checking/Savings Accou	<mark>ınt Holder's Signature</mark> :		
Date:	Month you w	Month you want to start ACH:	