



# THE CITY OF HILLSBORO, OHIO

Drew Hastings, Mayor ~ Mel McKenzie, Safety and Service Director

130 NORTH HIGH STREET · HILLSBORO, OHIO 45133-1152

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

**PLEASE PRINT**

Account Name: \_\_\_\_\_

Book: \_\_\_\_\_ Account Number: \_\_\_\_\_

Service Address of account: \_\_\_\_\_

Telephone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Email address (for payment confirmation): \_\_\_\_\_

### **Financial Institution Information:**

**Account Holder's (checking/savings) Printed Name:** \_\_\_\_\_

**Financial Institution Name:** \_\_\_\_\_

**Financial Institution Routing Number:** \_\_\_\_\_

**Account Number (checking/savings):** \_\_\_\_\_

**Account Type: (select one)**  **Checking**  **Savings**

(Attach a voided check)

I authorize Hillsboro Public Utilities to initiate preauthorized electronic funds transfers and debit the authorized debit amount each billing period for the total amount due for that period. A receipt will be emailed to you indicating the designated checking or savings account listed above. I understand this debit will be made each month on the account's payment date due. If the date due falls on a weekend or holiday, the account will be debited on the next business day. This authorization will remain in effect until I notify Hillsboro Public Utilities to terminate this agreement.

Hillsboro Public Utilities must receive a request to terminate at least five days before the scheduled payment date due. Terminate requests are to be made by speaking to a representative at the number below or writing to the address above.

Note: It may take up to 30 days after my form is submitted to set up or process changes to my automatic payment withdrawal. I must submit my monthly payment by mail, online or over the phone until I am notified that the automatic payment withdrawal has started or resumed. If I am changing bank account information, any existing automatic payment withdrawal will be canceled when this form is received.

**Checking/Savings Account Holder's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Month you want to start ACH:** \_\_\_\_\_