

DEBIT AUTHORIZATION FORM

Direct payment enrollment for recurring bill payment

You will receive a bill each month to show the amount to be deducted from your checking/savings account on the 15th of each month.

NAME: _____

BILLING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

PLEASE DEDUCT MY DIRECT PAYMENT FROM MY ACCOUNT AS FOLLOWS:

NAME OF BANK: _____

BANK ROUTING#: _____

TYPE OF ACCOUNT: CHECKING _____ SAVINGS _____

ACCOUNT #: _____

PLEASE ATTACH A VOIDED CHECK

.....

I authorize the Kenton Water Works Department to deduct my utility payment from the account listed above on or around the 15th, of each month. I understand that if I decide to discontinue this payment plan I will notify Kenton Water Works Department in writing at:

Kenton Water Works

555 W. Franklin St.

Kenton, OH 43326