



City of Ontario

555 Stumbo Road Ontario, Ohio 44906

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Water/Sewer Department

Authorization Agreement for Pre-Authorized Payments

I (we) hereby authorize the City of Ontario Water/Sewer Department to initiate debit entries to my (our) checking/savings account indicated below and the depository to debit the same to such account.

Bank Name _____

Bank Address _____

City _____ State _____ Zip Code _____

Transit/Routing Number _____

Account Number _____

***** PLEASE ATTACH A VOIDED CHECK*****

I understand that the amount of my water/sewer bill will be withdrawn from this account on the 20th of every month, unless the 20th falls on a Saturday, Sunday, or holiday, the water/sewer bill will be withdrawn the following day. This authority is to remain in full force and effect until written notification from me (or either of us) of its termination is received by the City of Ontario Water/Sewer Department in such time and in such manner as to afford reasonable opportunity to act upon it.

Print Name _____

Signature _____ Date _____

Signature _____ Date _____

Address of Water/Sewer Account _____

Water/Sewer Account Number _____

Strong past, bright future