Village of Monroeville
21 N Main St., P.O. Box 156
Monroeville, OH 44847
Ph: 419-465-2922 Fax: 419-465-2259
AdminOffice@MonroevilleOhio.com
http://www.MonroevilleOhio.com

UTILITY PAYMENT AUTOMATIC TRANSFER AUTHORIZATION

I hereby authorize the Village of Monroeville Administrative Office to electronically debit my checking or savings account on a monthly basis for payment of my utility invoice(s). The funds will be applied to my designated Village of Monroeville utility account(s) as listed below. Each monthly transfer will equal the amount shown on my current utility invoice(s). I understand that my utility account(s) will be classified as delinquent and subject to insufficient funds fees and late fees if my financial institution is unable to process this transfer. This authorization includes any corrective adjustments required to address billing discrepancies.

NAME(S) ON UTILITY ACCOUNT(S)

_____

_____

SERVICE ADDRESS & TELEPHONE NO.

_____

_____

UTILITY ACCOUNT NUMBER(S)

_____

_____

_____

BANK NAME & ADDRESS

_____

_____

_____

BANK ROUTING #: _____
(FIRST SET OF NUMBERS ON THE BOTTOM OF CHECK)

BANK ACCOUNT #: _____
(SECOND SET OF NUMBERS ON THE BOTTOM OF CHECK)

[ ] **CHECKING**
(Please attach a voided check or proof of the checking account.)

[ ] **SAVINGS**
(Please attach proof of the savings account.)

PRINT NAME: _____ **DATE:** _____

SIGNATURE: _____