

**CITY OF WILLARD, OHIO
WATER AND SEWER SERVICE**

APPLICATION FOR AUTOMATIC PAYMENT PROGRAM

INSTRUCTIONS:

Please complete and return this form (along with a voided check or deposit slip) to City of Willard Service Desk, 631 Myrtle Ave., PO Box 367, Willard, OH 44890.

AUTHORIZATION:

I authorize the City of Willard to instruct my bank/savings institution to make my utility payments from the account listed below. I understand that I control my payments, and if at any time I decide to discontinue the payment service, I will notify the City of Willard in writing within 10 business days of the scheduled payment date.

Customer Signature

Date

CUSTOMER INFORMATION:

Customer Name (as shown on bill): _____

Water Account Number: _____

Service Address: _____

REQUIRED BANKING INFORMATION:

Bank Name: _____

Bank Routing (ABA) Number: _____

Account Number: _____ ___ Checking or ___ Savings