

**CITY OF DEFIANCE, OHIO**

**AUTOPAY AGREEMENT – AUTHORIZATION FOR ELECTRONIC FUND TRANSFER**

I (we) hereby authorize the City of Defiance Utility Billing Office to initiate debit entries to my (our) checking/savings account indicated below and the Depository named below to debit the same to such account.

Please Print:

Depositor/Bank Name \_\_\_\_\_

\_\_\_\_\_ Checking or \_\_\_\_\_ Savings Bank Phone # \_\_\_\_\_

Bank Address: City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit/ABA# \_\_\_\_\_ Bank Account # \_\_\_\_\_

This authority is to remain in full force and effect until the utility office has received written notification from me (or either of us) of its termination in such time and manner as to afford the Utility Office and Depository a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to the Utility Office at such time as to afford the Utility Office a reasonable opportunity to act on it prior to charging the account, which is the “Due Date” on the bill.

Please Print:

Customer Name \_\_\_\_\_

Customer Address \_\_\_\_\_

Water Service Address \_\_\_\_\_

Customer Phone Number \_\_\_\_\_

City of Defiance Account Number \_\_\_\_\_

Signature of Customer \_\_\_\_\_

Date \_\_\_\_\_

**Please attach a voided check (with the correct Transit/ABA#)**