

Sign up for Automated Bill Payment

Please complete **ALL** sections and return this form:

I authorize the City of Defiance Utilities Billing Office to instruct my banking/savings institution to make my water/sewer/garbage payments from the account listed below.

I understand that I control my payments, and if at any time, I decide to discontinue this payment service, I will notify the City of Defiance, Utilities Billing Office.

Please Print –

Name: _____ Date: _____

Service Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____

Water/Sewer Account Number: _____

Signature: _____ Please Allow 6-8 Weeks

Banking Information: (Bank, Savings & Loan, Credit Union)

Financial Institution: _____

Account Number: _____ Checking _____ or Savings _____

Please enclose a deposit slip so that we can record the correct banking information.

() Check if you want a copy of this authorization.