EST 1808
CITY OF
DELAWARE
OHIO

DIRECT PAYMENT AUTHORIZATION FORM

This is a ***free*** service that allows the City of Delaware to automatically deduct your utility payment from your bank account each month. You will need to fill out the information below.

This form can only be dropped off in person or mailed to the address below.
WE DO NOT ACCEPT THIS FORM VIA EMAIL.

Name: _____ Date: _____

Customer Number: _____Account Number:_____

Service Address: _____

_____

Mailing address (if different):_____

_____

Telephone:_____Email_____

I/We wish to participate in the direct payment option for the utility bills issued by the City of Delaware. I/We understand that the amount of the monthly utility bill will be withdrawn from the account listed below on a monthly basis for the services provided at the above-listed service address. The amount of the bill will be deducted automatically on the due date indicated on the monthly bill. I/We understand that I/we control the payments, responsible for making sure the funds are available and if at any time decide to discontinue this payment service or need to change banking information, I/we will provide written notification to the City of Delaware and allow a reasonable amount of time to act upon it.

Bank Name:_____

Routing Number (9 digits): _____

Checking Account Number:_____

I/We authorize the City of Delaware to initiate debit entries to the checking account provided above.

Name: _____
(please print)

Signature: _____ Date: _____