

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT
FOR THE CITY OF SPRINGBORO

I/we hereby authorize the City of Springboro to initiate debit entries to my account indicated below and at the financial institution name below, hereinafter referred to as Depository, to debit the monthly Utility Billing amount to such account on the 20th day of each month.

Your Banking Institute Information

Your Account Name _____

Your Bank Account Number _____

Your Account Type (Please circle one) Checking Savings

Routing/Transit Number _____

**A VOIDED CHECK OR BANK VERIFICATION LETTER MUST ACCOMPANY THIS
AUTHORIZATION FORM**

This authorization will remain in full force and effect until the City of Springboro has received a minimum of 30 days written notification from me of my intent to terminate this service as to afford the City of Springboro and Depository to act upon it.

The City of Springboro Utility Billing Account Information

(Water, Sewer & Trash Billing)

Full name on account _____

Address or Utility Account Number _____

Signature _____ Date: _____

OFFICE USE ONLY:

Authorization Form Received: _____ Accepted by: _____

Utility Supervisor: _____