

Return completed form to:

VILLAGE OF JEFFERSON
27 E Jefferson St.
Jefferson, OH 44047
Phone: 440-576-3941
Fax: 440-576-5548

AUTHORIZATION TO DEBIT ACCOUNT
SEWER / REFUSE ACCTS

Name _____ Utility Acct # _____
(if more than one account list each separately)
Phone # _____

I (we) hereby authorize THE VILLAGE OF JEFFERSON and the depository financial institution named below, to initiate electronic debit entries, and if necessary, credit entries to my account listed below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____	_____
(Financial Institution Name)	(Branch and Phone #)
_____	_____
(Address)	(City, State, Zip)
_____	_____
(Routing Number)	(Account Number)
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account

This authority is to remain in full force and effect until VILLAGE OF JEFFERSON has received written notification from me of its termination in such time and manner as to afford Village of Jefferson a reasonable opportunity to act on it.

_____ (Print Individual Name) _____ (Signature and Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

ABC Corporation 123 Main Street Anyplace, NJ 07000		1234 000000000000
PAY TO THE ORDER OF _____		\$ _____
DOLLARS		
ANYTOWN BANK Anytown, MD 20000		
For _____		
⑆ 1 234 56789 ⑆	0001 234 56789 ⑆	1 234
Routing Number	Account Number	Check Number
1 234 56789	0001 234 56789	1 234