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.

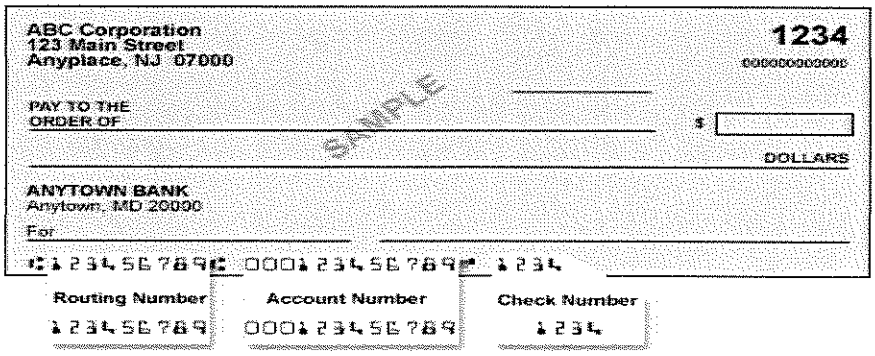
_____ _____
(Financial Institution Name) (Branch and Phone #)

_____ _____
(Address) (City, State, Zip)

_____ _____
(Routing Number) (Account Number)

☐ Checking Account ☐ 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