



Authorization Agreement for Direct Payment of Your Utility Bills City of Dover, Ohio

(OPTIONAL)

Taxpayer I.D. # 34-6000868

I (we) hereby authorize the City of Dover, Ohio Utility Office to initiate debit entries to my (our) checking account indicated below at the depository named below, to debit the same to such account. **Note: Your utility account will be charged fifteen cents (\$.15) per month for this electronic service.**

Depository Name & City (your bank):

State and Zip code where your depository (bank) is located:

Bank Routing Number:

Bank Account Number:

This authorization is to remain in full force and effect until the City of Dover, Ohio Utility Office has received written notification from me (or either of us) of its termination ten days (10 days) prior to the date of termination.

Printed Name(s) _____

SS# or Tax ID# _____

Signed:

Date:

Dover Utilities Account # _____

Customer Home Address (number, street) _____

Note: The settlement date each month shall be the date upon which your utility bill is due each month. You will continue to receive a monthly statement from the City of Dover, Ohio Utility Office. The monthly service charge for ACH payment of your bills is fifteen cents (\$.15). Please attach a voided check to this application.