

Sheffield Village Water Department

4480 Colorado Avenue
Sheffield Village, Ohio 44054

(440) 949-6210 phone

(440) 949-5371 fax

APPLICATION FOR PAYMENT OF WATER/SEWER BILL BY AUTOMATIC CHECKING/SAVINGS ACCOUNT DEDUCTION

I hereby authorize Sheffield Village Water Department to debit entries to my checking/savings account indicated below for full payment of my Sheffield Village water and sewer bill. I understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account. I hereby authorize the Village to make such necessary adjustments. This authority shall remain in full force and effect until written notice is provided by the undersigned clearly revoking said authority. It is understood and agreed that the Village shall have a reasonable amount of time, not to exceed forty-five (45) days to implement such change and to cease debiting said account.

(please print)

Name _____

Address _____

Phone No. _____

Water Account No. _____

RETURN THIS FORM WITH A COPY OF A VOIDED CHECK IF PAYING FROM A CHECKING ACCOUNT OR A DEPOSIT SLIP IF PAYING FROM A SAVINGS ACCOUNT.

Bank Name _____

Checking / Savings Acct. No. _____

(Please Circle One)

Routing Transit No. _____

Signature _____ Date _____

*Application cannot be processed without the inclusion of a voided check or deposit slip.

PLEASE CANCEL MY CURRENT DIRECT PAYMENT TO:

Bank _____ Account No. _____

Signature _____ Date _____