



THE CITY OF HILLSBORO, OHIO

Drew Hastings, Mayor · Gary Silcott, Safety & Service Director · Gary Lewis, Auditor

130 NORTH HIGH STREET · HILLSBORO, OHIO 45133-1152

Direct/Automatic/Recurring Bill Payment Withdrawal AUTHORIZATION FORM

PLEASE PRINT

Account Name: _____

Book: _____ Account Number: _____

Service Address of account: _____

Telephone: Cell: _____ Home: _____ Work: _____

Email address (for payment confirmations): _____

Financial Institution Information:

Account Holder's (checking/savings) Printed Name: _____

Financial Institution Name: _____

Financial Institution Routing Number: _____

Account Number (checking/savings): _____

Account Type: (select one) **Checking** **Savings**

(attach a voided check)

I authorize Hillsboro Public Utilities to initiate preauthorized electronic funds transfers and debit the authorized debit amount each billing period for the total amount due for that period. A receipt will be emailed indicating the designated checking or savings account listed above. I understand this debit will be made each month on the account's payment date due. If the date due falls on a weekend or holiday, the account will be debited on the prior business day. This authorization will remain in effect until I notify Hillsboro Public Utilities to terminate this agreement.

Hillsboro Public Utilities must receive a request to terminate at least ten days before the scheduled payment date due. Terminate requests are to be made by speaking to a representative at the number below or writing to the address above but when writing please allow the appropriate allowance for delivery time.

Note: It may take up to 30 days after my form is submitted to set up or process changes to my automatic payment withdrawal. I must submit my monthly payment by mail, online or over the phone until I am notified that the automatic payment withdrawal has started or resumed. If I am changing bank account information, any existing automatic payment withdrawal will be canceled when this form is received.

Checking/Savings Account Holder's Signature: _____

Date: _____ **Month you want to start ACH:** _____