

Village of Garrettsville

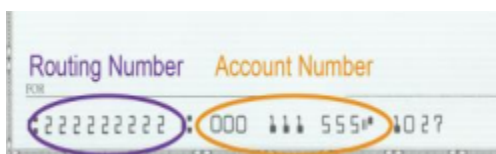
8213 High Street
Garrettsville, OH 44231

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEBITS

I Hereby authorize the Village of Garrettsville to initiate debits for Monthly Water / Sewer Charges from the checking / savings account indicated below. If an error occurs in the transaction amount, I hereby authorize the Village of Garrettsville to initiate a correcting transaction to / from the checking / savings account indicated below. I also understand that I must notify the Village of Garrettsville in writing if I wish to terminate this authorization.

Bank Name: _____

Branch: _____ State: _____



Account Type (Circle One): Checking Savings

Routing Number: _____

Checking / Savings Account Number: _____

Payer Name(s) on Account: _____

Payer Address: _____

Payer Phone #: _____

Payer Signature(s): _____ Date: _____

_____ Date: _____

NOTE: PLEASE ATTACH A VOIDED CHECK