

# Northern Ohio Rural Water Consumer Debit Authorization

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

*Please deduct my Direct Payment from my account as follows:*

Name of Financial Institution: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Account Number: \_\_\_\_\_

I (we) hereby authorize \_\_\_\_\_, herein called COMPANY, to charge

(company name)

my bank account in the amount of my monthly invoice. I acknowledge that the charge will occur on my account one day prior to my billing due date. I acknowledge that the origination of these charges to my account must comply with U.S. law. I agree that this agreement remains in effect until canceled by me, COMPANY, or my financial institution. I understand that if I decide to discontinue this payment plan I will notify COMPANY in writing at the following address:

Northern Ohio Rural Water  
P.O. Box 96  
Collins, OH 44826-0096

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Note: Please enclose a voided check or savings deposit with this form.*