

**NORTHERN OHIO RURAL WATER  
CONSUMER DEBIT AUTHORIZATION**

ACCT# \_\_\_\_\_

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

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

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

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 **NORTHERN OHIO RURAL WATER** herein called COMPANY, to charge my bank 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.**

**\*Make sure the correct routing number is on check or savings deposit slip.**

**\*This may take up to 60 days to process.**