

**THE VILLAGE OF VERSAILLES, OHIO
UTILITIES DEPARTMENT**

PO Box 288
Versailles, OH 45380-0288
Phone (937) 526-3294

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

I (we) hereby authorize the Village of Versailles Utilities and the Financial Institution listed below to withdraw the funds from my (our) checking or savings account to automatically pay my (our) monthly utility bill to the Village of Versailles Utilities.

This authority will remain in effect until the Village of Versailles Utilities and the Financial Institution has received written notification from me (us) of its termination in such time and manner as to afford the Village of Versailles and the Financial Institution a reasonable opportunity to act on it.

Customer Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone No _____ Work Phone No _____

Utility Account No _____ Service Address _____

Financial Institution Information

Institution's Name _____

Address _____

City _____ State _____ Zip _____

Phone No _____

- Checking (Please Include a "Voided" Check)
- Savings (Please Include a "Savings" Deposit Slip)

Transit/ABA No _____
(The 9 digit number between the colons on the bottom of your check)

Account No _____
(The 10 digit number to the right of the Transit/ABA No. on the bottom of your check)

Authorization Signature(s)

Signature of Account Holder(s) _____ Date _____

Date _____

Deduction Begins With Bill Due: _____

Deduction Ends With Bill Due: _____