

CITY OF UNION

REQUEST FOR AUTOMATIC PAYMENT OF UTILITY BILLS

I authorize the CITY OF UNION FINANCE DEPARTMENT and my financial institution named below to withdraw funds from my checking (or savings) account listed below to automatically pay my monthly utility bill to the CITY OF UNION. This authority will remain in effect until I notify the City and my financial institution in writing requesting cancellation. I will receive a copy of each utility bill prior to the withdrawal, and I can cancel this automatic bill payment plan at any time by providing written notification to my financial institution and the City ten (10) working days prior to cancellation. The City of Union will automatically withdraw utility bills from customers' accounts on the due date.

CUSTOMER INFORMATION

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

DAYTIME PHONE NUMBER: _____

FINANCIAL INSTITUTION INFORMATION (ALL DATA REMAINS CONFIDENTIAL)

NAME: _____

BRANCH: _____

ADDRESS: _____

ACCOUNT #: _____ ROUTING NUMBER: _____

TYPE: CHECKING: ☐ OR SAVINGS: ☐

SIGNED BY: _____
(Your Signature) Date

IMPORTANT: PLEASE ATTACH A VOIDED CHECK (OR DEPOSIT TICKET FOR SAVINGS ACCOUNTS) FOR ACCOUNT NUMBER VERIFICATION

RETURN THIS FORM TO: CITY OF UNION
FINANCE DIRECTOR
118 N. MAIN ST.
UNION, OHIO 45322