

**CITY OF ENGLEWOOD FINANCE DEPARTMENT**

**REQUEST FOR AUTOMATIC PAYMENT OF UTILITY BILLS**

**CUSTOMER INFORMATION:**

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

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

Customer Account No: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mailing Address (if different than service address):

Street Address or PO Box: \_\_\_\_\_

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

**FINANCIAL INSTITUTION INFORMATION: (ALL DATA REMAINS CONFIDENTIAL)**

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

Branch Address: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Routing #: \_\_\_\_\_

**AUTHORIZATION:**

I authorize the City of Englewood to instruct my financial institution to automatically deduct my utility payments on the due date from the bank account designated above. 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 the City of Englewood and my financial institution three (3) business days prior to cancellation. I understand and agree that there is a \$35 charge assessed for deposit items returned for any reason (nonsufficient funds, frozen or closed account, etc.)

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

Print and return this form, along with a cancelled check to:

CITY OF ENGLEWOOD  
Attn: Utility Department  
333 W. National Road  
Englewood, OH 45322