

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