

PORT CLINTON WATER WORKS



**1868 East Perry Street
Port Clinton, OH 43452**

**Phone 419-734-5522
Fax 419-734-5278**

AUTHORIZATION FOR AUTOMATED BILL PAYMENT

Please complete ALL Sections and return this form:

I authorize the Port Clinton Water Works to instruct my banking/savings institution to make my utility payments from the account listed below. I understand that I control my payments, and, if at any time I decide to discontinue this payment service, I will notify the Port Clinton Water Works in writing. I understand the file is sent to the bank a minimum of three (3) business days prior to the 15th.

I understand that there will be a \$40.00 charge, per occurrence, for returned funds during the withdrawal process and that repeated offenses may result in ineligibility for the Automated Payment Plan.

(PLEASE PRINT)

Date: _____ Phone: _____

Name (please print): _____

Service Address: _____

Account # as shown on Water Bill: _____

Signature: _____

Banking Information: Bank, Savings & Loan, Credit Union

Financial Institution: _____

Please check one: Checking Savings

Bank Account # _____ Bank Routing # _____

**PLEASE INCLUDE A VOIDED CHECK
IN ORDER TO RECORD THE CORRECT BANKING INFORMATION
Please continue to pay until notification is made on your water bill indicating:**

“PAYMENT WILL BE DEDUCTED FROM YOUR ACCOUNT ON”

FOR OFFICE USE ONLY

Entered into MuniLink Date: _____ Prenote Sent Date: _____

Verified ACH Date: _____