

VILLAGE OF LEETONIA

UTILITIES DEPARTMENT

300 EAST MAIN STREET
LEETONIA, OHIO 44431
330-427-6720
FAX: 330-427-8088



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Consumer Name(s) _____

I (We) hereby authorize _____, hereinafter called company, to initiate debit entries to my (our) checking account indicated below and the depository named below, hereinafter called depository, to debit the same to such account. I (We) acknowledge that the organization of ACH transactions must comply with the provisions of U. S. law.

Depository Name _____

Branch _____

City _____

State _____ Zip _____

Routing Number _____

Account Number _____

This authority is to remain in full force and effect until company and depository has received written notification from me (or either of us) of its termination in such time and in such manner as to afford company and depository a reasonable opportunity to act on it.

Consumer Name(s) _____

Service Address _____

Date _____ Water Account Number _____

Signed _____ Signed _____