

# 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 15<sup>th</sup>.

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: \_\_\_\_\_