

*Village of Glandorf
Utilities Department
203 N. Main Street, P.O. Box 91
Glandorf, OH 45848
(419) 538-6140*

Authorization Agreement for Automatic Pay of Water & Sewer Bill

NAME: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

DAYTIME PHONE NUMBER: _____

Please deduct my Direct Payment from my account as follows:

Name of Financial Institution: _____

Type of Account:

Checking _____ Savings _____

Routing Number: _____ Account No. _____

I authorize the Village of Glandorf Water Department to deduct my water payment from the account listed above. I understand that if I decide to discontinue this payment plan I will notify the Village of Glandorf Water Department in writing at the following address:

**Village of Glandorf
Water Department
P.O. Box 91
Glandorf, OH 45848**

Signature _____ Date: _____

Please attach a voided check or savings deposit slip with this form.