

Village of Glandorf

PO Box 91

Glandorf, OH 45848

419-538-6953

CONSUMER DEBIT AUTHORIZATION AGREEMENT

NAME: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

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. _____

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

I authorize the Village of Glandorf Water Department to deduct my water payment from the account listed above.

I also acknowledge that if the debit is returned for insufficient funds, I will be charged the applicable late fees from the Village of Glandorf and any other return fees that they may have been charged.

I understand that if I decide to stop 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
Or
utilities@villageofglandorf.com**

Signature _____ **Date:** _____

