

Water Department

150 East High Avenue Suite 015 - New Philadelphia, OH 44663
330-364-4491 Ext 502

**All property owners wishing to apply for Direct Payment,
please complete and return to the above address.**

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT (ACH DEBITS)

City of New Philadelphia Water Department

TAX ID# **34-6002004**

I (we) hereby authorize **City of New Philadelphia Water Department**, hereinafter called COMPANY, to initiate debit entries to my (our) checking/savings account indicated below at the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY NAME & CITY (Bank)

STATE & ZIP

DEPOSITORY ROUTING NUMBER

TYPE OF ACCOUNT (Please Circle)

Checking

Savings

DEPOSITORY ACCOUNT NUMBER

WATER / SEWER / SANITATION
ACCOUNT NUMBER

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of it's termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ TAX ID# _____

_____ PHONE NUMBER _____

SERVICE ADDRESS _____

DATE _____ SIGNED _____

****NOTE**: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in this authorization.**