



# 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.**