

**City Of Upper Sandusky
Water Office
119 North Seventh Street
Upper Sandusky, OH 43351
419-294-3863**

Authorization Agreement for Automatic Withdrawal

I (we) hereby authorize the City Of Upper Sandusky, to initiate debit/credit entries to my (our) checking account at the financial institution named below. This authority will remain in effect until the City Of Upper Sandusky is notified in writing by me (us) to cancel it in such time as to afford the City Of Upper Sandusky and the financial institution a reasonable opportunity to process such request. The total monthly amount due will be processed on the 20th of each month. A voided check or a copy of a voided check must be included to process.

Financial Institution _____

Branch _____

City _____ **State, Zip** _____

Transit Routing No. _____

Checking Account # _____

Name(s) _____

Address _____

Phone _____

Water Account(s)# _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____