

**CITY OF FINDLAY, OHIO**  
**AUTOPAY AGREEMENT – AUTHORIZATION FOR ELECTRONIC FUND TRANSFER**

Utility Billing  
Findlay Water & Wastewater Department  
136 N Blanchard Street  
Findlay OH 45840

I (we) hereby authorize the City of Findlay Water & Wastewater Office, hereinafter contacted the Office, to initiate debit entries to my (our) checking/savings account indicated below and the Depository named below, hereinafter called Depository, to debit the same to such account.

PLEASE PRINT:

Depositor/Bank Name \_\_\_\_\_

\_\_\_\_\_ Checking      \_\_\_\_\_ Savings

Transit/ABA # \_\_\_\_\_ Bank Account # \_\_\_\_\_

This authority is to remain in full force and effect until the Office has received written notification from me (or either of us) of its termination in such time and such manner as to afford the Office and Depository a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to the Office at such time as to afford the Office a reasonable opportunity to act on it prior to charging the account, which is the "Due Date" on the bill.

PLEASE PRINT:

Customer Name \_\_\_\_\_

Customer Address \_\_\_\_\_

Water Service Address \_\_\_\_\_

Customer Phone Number \_\_\_\_\_

City of Findlay Water & Wastewater Account Number \_\_\_\_\_

Signature of Customer \_\_\_\_\_

Date \_\_\_\_\_

**Please attach a voided check** (with the correct Transit/ABA number)

Please complete a separate agreement for each Water & Wastewater Account