DIRECT DEBIT AUTHORIZATION

This form is used for direct debit of your checking or savings account. Each customer must complete and sign the authorization form.

AUTHORIZING AGREEMENT FOR AUTOMATIC DIRECT DEBIT (ACH DEBIT)

I hereby authorize The Trumbull County Water and Sewer Accounting Department to initiate debit entries to my (our) account listed below:

FINANCIAL INSTITUTION NAME	ROUTING NUMBER	ACCOUNT NUMBER
TYPE OF ACCOUNT	LOC	CATION(BRANCH)
please circle one		
Checking or Savings		

The authority is to remain in full force until Trumbull County Water/Sewer Accounting Department has received written notification from me of its termination in such timely manner as to afford Trumbull County Water/Sewer Accounting and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

INSUFFICIENT FUNDS IN THE ACCOUNT WILL RESULT IN A \$25.00 ADDITIONAL FEE

NAME ON ACCOUNT	WATER/SEWER ACCOUNT NUMBER		
SERVICE ADDRESS	PHONE NUMBER		
SERVICE ADDRESS	PHONE NUMBER		
EMAIL ADDRESS			
SIGNATURE	DATE		

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

WATCH YOUR BILL You will be instructed as to when the ACH Debit will begin. Continue to pay your bill as normal until otherwise stated on your bill.