

# DIRECT DEBIT – PAYMENT AGREEMENT

AYERSVILLE WATER & SEWER  
13961 FRUIT RIDGE RD  
DEFIANCE, OH 43512

Please PRINT all sections and return this form:

I (we) hereby authorize Ayersville Water & Sewer hereinafter called BUSINESS, to initiate debit entries to my (our) Checking or Savings account indicated below, located at the financial institution name listed below, hereinafter called FINANCIAL INSTITUTION and to debit the same to such account shown below.

## **FINANCIAL INSTITUTION INFORMATION:**

Type:  Checking Account  Savings Account

Financial Institution Name: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Phone (if known) \_\_\_\_\_ Branch \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

***[PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP FOR ROUTING AND ACCOUNT NUMBER VERIFICATION.]***

This authority is to remain in full force and effect until BUSINESS and FINANCIAL INSTITUTION has received written notification from me (or either of us) of its termination in such time and in such manner as to afford BUSINESS and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

## **CUSTOMER INFORMATION, AS IT APPEARS ON YOUR BILL:**

Account #: \_\_\_\_\_

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

Service Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### **Depositors signature as it appears on your checks**

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature