

CITY OF RAVENNA

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

I (we) hereby authorize the City of Ravenna, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the financial institution (bank, credit union, etc.) named below, and to automatically debit such account each billing cycle. I (we) acknowledge that the origination of such debit transactions (called Automated Clearing House (ACH) transactions) to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name: _____
(Bank, credit union, etc.)

Address: _____

City: _____ State: _____ Zip: _____

Routing Number: _____
(Typically, the numbers found at the bottom lower left side of your checks)

Account Number: _____

This authorization is to remain in effect until the City has received written notification from me (or either of us) of its termination in such time and in such manner to afford the City and my (our) financial institution a reasonable opportunity to act on it. A reasonable time is deemed to be approximately 30 days advance notice.

Name(s): _____ Date: _____
(Please Print)

Signature(s): _____
(Must be an authorized signature on the account)

Utility Billing Account #: _____

Utility Service Address: _____

Notes:

1. The City may revoke its debit authorization by notifying the originator in writing by certified mail.
2. Please attach or enclose a copy of a voided check so that we, together with your bank/credit union, may confirm routing and account numbers.
3. Your account will be debited on the due date printed on your bill each month.
4. A penalty may be assessed if there are insufficient funds in your account.

**Please mail form with voided check to: City of Ravenna - Utility Billing Department, 210 Parkway Drive, Box 1215
Ravenna, Ohio 44266

Please allow up to one (1) month for 1st auto-payment (debit) to be made