



BOARD OF PUBLIC AFFAIRS
6701 GREENWICH ROAD
P. O. BOX 750
WESTFIELD, OH 44251-0750
330-887-5151
FAX ~ 330-887-5601

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT PLAN
CHANGE FORM**

ACCOUNT NUMBER: _____

NAME/NAMES: _____
SERVICE ADDRESS: _____
MAILING ADDRESS: _____
TELEPHONE: _____ CELL PHONE: _____
EMAIL: _____

I (we) hereby authorize the Village of Westfield Center to initiate debit entries from the Checking Account or Savings Account of the financial institution listed below for payment of bi-monthly sewer services.

Please check one of the following: **CHECKING ACCOUNT**
 SAVINGS ACCOUNT

FINANCIAL INSTITUTION: _____
BRANCH: _____
NINE DIGIT ROUTING NUMBER: _____
ACCOUNT NUMBER: _____

SIGNATURE: _____

DATE: _____

SIGNATURE: _____

DATE: _____