



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

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT PLAN  
INITIAL ENROLLMENT FORM**

**ACCOUNT NUMBER:** \_\_\_\_\_

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

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

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

<b>FINANCIAL INSTITUTION:</b> _____
<b>BRANCH:</b> _____
<b>NINE DIGIT ROUTING NUMBER:</b> _____
<b>ACCOUNT NUMBER:</b> _____

- Attach a voided check if you are using your Checking Account.
- Attach a voided Savings Account withdrawal slip if you are using your Savings Account. Please make sure the nine (9) digit routing number is included on the slip.
- Or any document that states account name, account number and routing number.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_