

Founded 1826 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 TO CHANGE ACCOUNT INFORMATION FOR AUTOMATIC DIRECT DEBIT

Α	CCOUNT NUMBER:
(PLEASE PRINT)	
NAME/NAMES:	
SERVICE ADDRESS:	
MAILING ADDRESS:	
PHONE NUMBER(S):	
EMAIL:	
(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
FINANCIAL INSTITUTION:	
NINE DIGIT ROUTING NUMBER:	
ACCOUNT NUMBER:	
 Attach a voided check if you are using you Attach a voided Savings Account withdrawal s Please make sure the nine (9) digit routing nur 	slip if you are using your Savings Account.

• Or any document that states account name, account number and routing number.

DATE: _____

SIGNATURE:

SIGNATURE:	DATE:
------------	-------