



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 DIRECT DEBIT

ACCOUNT NUMBER: _____

(PLEASE PRINT)

NAME/NAMES: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER(S): _____

EMAIL: _____

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

FINANCIAL INSTITUTION: _____

NINE DIGIT ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

- 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: _____