

VILLAGE OF ELIDA, OHIO

AUTHORIZATION AGREEMENT FOR  
PREAUTHORIZED PAYMENTS

COMPANY: Village of Elida, Ohio Company ID No. 34-6407983

I (we) hereby authorize Village of Elida, Ohio Utility Department, hereinafter called COMPANY, to initiate debit entries to my (our) checking/savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY (BANK) NAME: \_\_\_\_\_

BRANCH: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TRANSIT/ABA NO.: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_

\*\*\*\*\**Attach voided check*\*\*\*\*\*

TYPE OF ACCOUNT:      CHECKING    SAVINGS    (Please circle one)

The authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME (S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_ DATE: \_\_\_\_\_  
(optional)

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

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

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FOR OFFICE USE ONLY:

Account # \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

Pre-note Trans. Code \_\_\_\_\_ Date \_\_\_\_\_

Auto-w/d Trans. Code \_\_\_\_\_ Date \_\_\_\_\_