

**DEBIT AUTHORIZATION FORM**

Direct payment enrollment for recurring bill payment

You will receive a bill to show the amount to be deducted from your checking account on the 15<sup>th</sup> of each month.

NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PLEASE DEDUCT MY DIRECT PAYMENT FROM MY ACCOUNT AS FOLLOWS:

NAME OF BANK: \_\_\_\_\_

BANK ROUTING #: \_\_\_\_\_

TYPE OF ACCOUNT: CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK**

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I authorize the Kenton Water Works Department to deduct my utility payment from the account listed above on or around the 15<sup>th</sup> of each month. I understand that if I decide to discontinue this payment plan I will notify Kenton Water Works Department in writing at:  
Kenton Water Works

P.O. Box 220 Kenton, OH 43326

Signature: \_\_\_\_\_ Date: \_\_\_\_\_