



City of Vandalia Utilities Division  
333 James Bohanan Drive  
Vandalia, OH 45377  
Phone: (937)415-2231  
Fax: (937) 415-2360

## Automatic Bill Payment Authorization-Utilities

I hereby authorize the City of Vandalia to automatically debit my checking/savings account indicated below at the financial institution named below.

### Bank Information:

Financial Institution \_\_\_\_\_

Branch Location/City \_\_\_\_\_

Account Type: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Account Number \_\_\_\_\_ Routing Number \_\_\_\_\_

I will receive a copy of each utility bill prior to my withdrawal and I understand that this authorization will be in effect until I notify City of Vandalia Utilities Division in writing at the address above that I no longer desire this service, allowing reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

All changes of bank information are the responsibility of the customer.

### Customer Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Account Number \_\_\_\_\_ \* \_\_\_\_\_ \*

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

**\*Please include a voided check if deduction is coming from a checking account.**

**\*\*\*The deduction will occur on the 10<sup>th</sup> of the month or the closest business day to that date.**

**\*\*\*You will receive a notice informing you of the deduction start date.**

**\*\*\*A fee of \$25.00 will be assessed for all returned payments.**