

# PORT CLINTON WATER WORKS



**1868 East Perry Street  
Port Clinton, OH 43452**

**Phone 419-734-5522  
Fax 419-734-5278**

## AUTHORIZATION FOR AUTOMATED BILL PAYMENT

Please complete ALL Sections and return this form:

I authorize the Port Clinton Water Works to instruct my banking/savings institution to make my utility payments from the account listed below. I understand that I control my payments, and, if at any time I decide to discontinue this payment service, I will notify the Port Clinton Water Works. I understand the file is sent to the bank a minimum of three (3) business days prior to the 15<sup>th</sup>.

**(PLEASE PRINT)**

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Name (as shown on bill): \_\_\_\_\_

Service Address: \_\_\_\_\_

Account # as shown on Water Bill: \_\_\_\_\_

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

### **Banking Information: Bank, Savings & Loan, Credit Union**

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

Checking: \_\_\_\_\_  
(#28)

Savings: \_\_\_\_\_  
(#38)

Bank Routing # \_\_\_\_\_

Bank Account # \_\_\_\_\_

**PLEASE INCLUDE A VOIDED CHECK  
IN ORDER TO RECORD THE CORRECT BANKING INFORMATION.**

**Please continue to pay until notification is made on your water bill indicating:  
"PAYMENT WILL DEDUCTED FROM YOUR ACCOUNT ON ....."**