

# CONSUMER DEBT AUTHORIZATION

Direct Payment Enrollment for Recurring Bill Payment

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

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

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

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

DAYTIME PHONE #: \_\_\_\_\_

**Please deduct my Direct Payment from my account as follows:**

Name of Financial Institution: \_\_\_\_\_

Bank Phone #: \_\_\_\_\_

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

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

Account #: \_\_\_\_\_

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**I authorize The Village of Carrollton to deduct my utility payment from the account listed above. I understand that if I decide to discontinue this payment plan I will notify the company named above in writing at the following address:**

**VILLAGE OF CARROLLTON WATER/SEWER  
80 SECOND STREET SW  
CARROLLTON, OHIO 44615**

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

**NOTE: Enclose a voided check or savings deposit ticket with this form.**

*ACH withdrawals will occur on your account on the 27<sup>th</sup> day of your billing cycle rather than the date shown on your statement. Please have all funds available and ready for withdrawal on or before the 27<sup>th</sup> of the month.*