

**City Of Upper Sandusky  
Water Office  
119 North Seventh Street  
Upper Sandusky, OH 43351  
419-294-3863**

**Authorization Agreement for Automatic Withdrawal**

I (we) hereby authorize the City Of Upper Sandusky, to initiate debit/credit entries to my (our) checking account at the financial institution named below. This authority will remain in effect until the City Of Upper Sandusky is notified in writing by me (us) to cancel it in such time as to afford the City Of Upper Sandusky and the financial institution a reasonable opportunity to process such request. The total monthly amount due will be processed on the 20<sup>th</sup> of each month. A voided check or a copy of a voided check must be included to process.

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

**Branch** \_\_\_\_\_

**City** \_\_\_\_\_ **State, Zip** \_\_\_\_\_

**Transit Routing No.** \_\_\_\_\_

**Checking Account #** \_\_\_\_\_

**Name(s)** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Water Account(s)#** \_\_\_\_\_

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

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