

If you would like to have your payment automatically deducted from your checking or savings account on the invoice due date, please complete the attached form and return to our office

The first deduction will not take place until the next payment due date the month after this form is received by our office. If you have any questions please feel free to contact me at 419-375-2530 or by email rstaugler@fortrecovery.org

**VILLAGE OF FORT RECOVERY
AUTOMATIC PAYMENT AUTHORIZATION FORM**

I hereby authorize the Village of Fort Recovery to initiate entries to my checking/savings account at the financial institution listed below, and if necessary, initiate adjustments on any transaction credited in error to my account. Please deduct the full amount of my bill on the 16th of each month. Items returned for NSF by my bank will receive a service charge.

Name: _____ Account # _____
Address: _____ Email _____
Phone: _____ Cell _____

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Name of Financial Institution: _____
Branch: _____ City: _____ State _____
Account Number _____ checking savings
Routing Number: _____

PLEASE ATTACH A BLANK OR VOIDED CHECK

This authority will remain in effect until I notify The Village of Fort Recovery in writing to cancel this authorization form. To cancel, the Village will need 30 days' notice.

Signature: X _____

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Effective Date of first payment: _____ Office _____
Initials date entered

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I hereby terminate this authorization. X _____
Signature Date