

AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATION

City of Stow
3760 Darrow Road
Stow OH 44224

Water Billing Department

I (we) hereby authorize the City of Stow Water Billing Department, to automatically deduct the amount of my (our) current water payment from my checking/savings account listed below, on the fifteenth of each month, or the previous Friday if the fifteenth falls on a Saturday or Sunday.

I (we) understand that the ACH agreement will remain in full force and effect until the City of Stow Water Billing Department has received written notification from me of its termination in such time and manner as to afford the City of Stow Water Billing Department and First Merit Bank a reasonable opportunity to act on it.

Financial Institution

Branch

Routing Number

Checking Account No.

Checking Account _____

(Attach a copy of Voided Check) Both Acct. number and Routing number are needed

I have read the above statement and fully understand that I authorize the City of Stow Water Billing Department to debit and/or credit my checking/savings account as necessary to fulfill the terms of the ACH Agreement.

Signature

Signature

Print Name

Print Name

Address

Address

Customer Account Number

Customer Account Number

Phone Number

Phone Number

Mail completed form to: Utility Billing Office, 3760 Darrow Road, Stow, OH 44224