



VILLAGE OF PIONEER

AUTHORIZATION AGREEMENT FOR ACH PAYMENT

PIONEER, OHIO

A PUBLIC POWER TOWN

CUSTOMER INFORMATION - FORM MUST BE FILLED OUT COMPLETELY TO BE PROCESSED

MUST BE RECEIVED BY THE 10TH OF THE MONTH TO HAVE ACH PAYMENT MADE FOR CURRENT BILL

Name _____

Service Address _____

Phone # _____

Mailing Address (if different from above) _____

Email Address _____

Utility Account #s _____

BANK INFORMATION

Bank Name _____

Bank Address _____

Bank Phone# _____

Routing # _____

Bank Account # _____

A VOIDED CHECK MUST BE PROVIDED WITH APPLICATION FOR PROCESSING

_____ SAVINGS or _____ CHECKING

*****The Village reserves the right to discontinue ACH payment if 3 payment transfers are denied due to insufficient funds.**

AUTHORIZATION

I hereby authorize the Village of Pioneer Utility Office to initiate debit entries to my (our) checking/savings account indicated above. This Authority remains in full effect until written notice from me has been received by the utility office in such a manner as to afford the utility office a reasonable opportunity to act on it prior to charging the account.

Date _____ Signature _____