

**Village of Monroeville**

**21 N Main St. ~ P.O. Box 156**

**Monroeville, Ohio 44847**

 **Ph: 419-465-4443 ~ Fax: 419-465-2259**

 **Email:** **adminoffice@monroevilleohio.com**

 **Tax Email:** **incometax@monroevilleohio.com**

 **Website:** [**http://www.monroevilleohio.com**](http://www.monroevilleohio.com)

**UTILITY PAYMENT AUTOMATIC TRANSFER AUTHORIZATION**

**In order to provide convenient automatic monthly payments of my utility bill, I hereby authorize the Village of Monroeville Administrative Office to electronically transfer funds from my checking or savings account to my Monroeville Utility account(s) designated below. The total amount authorized to be transferred each month will be the exact amount indicated on my utility bill. I understand that if my bank cannot pay this transfer, my utility account will be considered delinquent. This authorization includes any adjusting entries to correct errors.**

**Name on the utility account(s):** **Service Address and Telephone Number:**

**Utility Account #(s):**

**Name and Address of Financial Institution: Bank Account #:**

 **Bank Routing #:**

 [ ] CHECKING

 **(Please attach a voided check.)**

 [ ] SAVINGS

**Account Holder’s Name(s):**

(PRINT NAME) (SIGNATURE AND DATE)

(PRINT NAME) (SIGNATURE AND DATE)

**\*BOTH PARTIES OF A JOINT ACCOUNT MUST SIGN AND DATE.**