



City of Vandalia Utilities Division
333 James Bohanan Drive
Vandalia, OH 45377
Phone: (937)415-2231
Fax: (937) 415-2360

Automatic Bill Payment Authorization-Utilities

I hereby authorize the City of Vandalia to automatically debit my checking/savings account indicated below at the financial institution named below.

Bank Information:

Financial Institution _____

Branch Location/City _____

Account Type: Checking _____ Savings _____

Account Number _____ Routing Number _____

I will receive a copy of each utility bill prior to my withdrawal and I understand that this authorization will be in effect until I notify City of Vandalia Utilities Division in writing at the address above that I no longer desire this service, allowing reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

All changes of bank information are the responsibility of the customer.

Customer Information:

Name _____

Address _____

Account Number _____ * _____ *

Signature _____ Date _____

***Please include a voided check if deduction is coming from a checking account.**

*****The deduction will occur on the 10th of the month or the closest business day to that date.**

*****You will receive a notice informing you of the deduction start date.**

*****A fee of \$25.00 will be assessed for all returned payments.**