

**CITY OF NORTH RIDGEVILLE
UTILITIES DEPARTMENT**

DIRECT CHARGE (ACH DEBITS) AUTHORIZATION FORM

CITY OF NORTH RIDGEVILLE, OHIO

Federal ID Number: 34-6002305

I (we) hereby authorize the CITY OF NORTH RIDGEVILLE UTILITIES DEPARTMENT, hereinafter called CITY OF NORTH RIDGEVILLE and the depository financial institution named below, hereinafter called DEPOSITORY, to initiate electronic debit entries, and if necessary, credit entries to my account listed below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Bank Branch Office)

(Bank Address)

(Bank City, State, Zip)

(Bank Routing Number)

(Bank Account Number)

Checking Account

Savings Account

This authority is to remain in full force and effect until the CITY OF NORTH RIDGEVILLE has received written notification from me of its termination in such time and manner as to afford the CITY OF NORTH RIDGEVILLE and DEPOSITORY a reasonable opportunity to act on it.

(Print Customer Name On Utilities Account)

(Print Utilities Account Number)

(Print Customer Address)

(Customer Signature)

(Print Customer City, State, Zip)

(Phone)

(Date)

PLEASE ATTACH A VOIDED CHECK TO THIS FORM