

AUTOMATIC DEBIT REQUEST

TO: City of Delphos
Utilities Office
608 N Canal St.
Delphos OH 48533

I would like to have my payment directly withdrawn from my account(s) as follows:

<u>Type of Account</u> (i.e. Checking or Savings)	<u>Bank Routing #</u>	<u>Account #</u>
_____	_____	_____
_____	_____	_____

Customer Name _____

(Please Print)

Address _____

City, State, Zip _____

In the event of an error, I give the City of Delphos, permission to debit/credit my account for the amount needed to correct the error.

Signature

Date _____

(PLEASE ATTACH A "VOIDED" CHECK FOR THE CHECKING ACCOUNT YOU WISH TO USE FOR AUTOMATIC DEBIT)

NOTE:

There is no service charge for this service.