



City of Westerville  
Direct Payment Program  
21 S. State Street  
Westerville, Ohio 43081  
614-901-6430

### Bank Drafting Authorization Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

Utility Account Number: \_\_\_\_\_

I/we wish to participate in bank drafting for the utility bills issued by the City of Westerville. I/we understand that my monthly utility bill will be withdrawn from the account listed below continuously on a monthly basis for the services provided at the above listed service address. The amount of the bill will be deducted on the due date listed on your bill. I/we understand that I/we control the payments, and if at any time I/we decide to discontinue this payment service, I/we will provide written notification to the City of Westerville.

Account Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Indicate whether this is a  Checking account  Savings account

**PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP**

