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**City of Westerville**  
**64 East Walnut Street**  
**Westerville, OH 43081**  
**(614) 901-6430**  
Direct Payment Program  
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 option for the utility bills issued by the City of Westerville. I/we understand that the amount of the monthly utility bill will be withdrawn from the account listed below continuously on a monthly basis for the service provided at the above-listed service address. The amount of the bill will be deducted on the due date indicated on the monthly 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: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ Type of Account:  Checking Account  
 Savings Account

**PLEASE ATTACH A VOIDED CHECK FOR THE ACCOUNT TO BE USED FOR BANK DRAFTING.**

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For office use only – please do not write below

Entered on \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_ ; Letter mailed on \_\_\_\_/\_\_\_\_/\_\_\_\_ by \_\_\_\_\_