

# CITY OF OAKWOOD

## REQUEST FOR AUTOMATIC PAYMENT OF UTILITY BILLS

DEPARTMENT USE

RECEIVED: \_\_\_\_\_

PRENOTE: \_\_\_\_\_

1<sup>ST</sup> WITHDRAW: \_\_\_\_\_

I authorize the **City of Oakwood Finance Department** to withdraw funds from my checking (or savings) account listed below to automatically pay my net utility bill to the **City of Oakwood**. This authority will remain in effect until I notify the City in writing requesting cancellation. I will receive a copy of each utility bill prior to the withdrawal, and I can cancel this automatic bill payment plan at any time by providing written notification to the City three (3) working days prior to cancellation.

### Utility Account Customer Information:

CUSTOMER NAME:

SERVICE ADDRESS:

ACCOUNT #:

### Financial Institution Information: (All data remains confidential)

ACCOUNT NAME:

FINANCIAL INSTITUTION:

\*ABA/ROUTING#:

\*ACCOUNT: #

TYPE:

CHECKING:

SAVINGS:

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*IMPORTANT:** Please attach a voided check for account verification.

Return this form to:

City of Oakwood  
Finance Department – WSR  
30 Park Avenue  
Oakwood Ohio 45419

*If you have any question or need assistance in completing this form please call the Utility Billing Department at 937-298-0400.*