

**AUTHORIZATION AGREEMENT FOR
AUTOMATIC PAYMENT PLAN**

I (we) hereby authorize Roaming Shores Utility to initiate debit entries to my (our) checking or savings account from the financial institution indicated below in order to deduct my bi-monthly water/sewer bill from the account listed.

Please complete the following :

Checking Account Number _____
Savings Account Number _____

Financial Institution _____
City _____, State _____ Zip _____
Nine Digit Routing Number _____

Please attach a **VOIDED** check if you are using your checking account. If you are using your savings account please include a **VOIDED** savings withdrawal slip that includes the **NINE** digit routing number. If it is not printed on the withdrawal slip, ask your bank for the routing number.

If you change or close your account that you have listed above, **PLEASE** notify us in advance to avoid a return charge.

Name _____ Customer Account # _____
Address _____
Date _____ Signed _____
Customer Signature

Please return this and the requested **VOIDED** form to :

Roaming Shores Utility
2500 Hayford Road
PO Box 237
Roaming Shores, Ohio 44084

