

## The Board Of Public Affairs

## **AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT PLAN**

CUSTOMERS NAME	
debit entries to my (our) Checking a	ed of Public Affairs, hereinafter called BOPA, to initial account or Savings account from the financial to deduct my monthly utility bill from the account
Please check one of the following:	Checking Account
	Savings Account
Financial institution	Branch
City	State Zip
Nine Digit Routing No	Account No
Attach a voided check if you are usin	ng your checking account
	slip if using your savings account. Make sure the Nink your savings bank what the Nine Digit Routing No. i
If you change or close the account you avoid a return charge.	ou have given us, you must notify us in advance to
Name	Customer Account #
Please Print	
Address	
DateSigned	
	Customer Signature
P.O. Box 46 120 Royal Crest Drive	e Seville, Ohio 44273 P 330 769 2458 F 330 769 287