The Board Of Public Affairs

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT PLAN

CUSTOMERS NAME_____

I (we) hereby authorize Seville Board of Public Affairs, hereinafter called BOPA, to initiate debit entries to my (our) Checking account or Savings account from the financial institution indicated below in order to deduct my monthly utility bill from the account listed.

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 using your checking account

Attach a voided savings withdrawal slip if using your savings account. Make sure the Nine Digit Routing No. is on it. If not, ask your savings bank what the Nine Digit Routing No. is.

If you change or close the account you have given us, you must notify us in advance to avoid a return charge.

Name_____ Customer Account #_____
Please Print

Address_____

Date_____ Signed_____
Customer Signature

P.O. Box 46 120 Royal Crest Drive Seville, Ohio 44273 P 330 769 2458 F 330 769 2874