Custar Board of Public Affairs

Automatic Payment Authorization

Customer Name: _____

Mailing Address: _____

_____

5-digit Electric Acct #: _____

Service Address: _____
(if different than above)

_____

Phone number: _____

I am authorizing (please choose one):

_____ Automatic payment plan (initial enrollment for monthly payment of electric bill)

_____ A change of financial institution / account

Account Information

_____ Account Type: Checking Savings
Bank Name (circle one)

Account #: _____

9-digit routing #: __ __ __ __ __ __ __ __ __

I hereby authorize and request the Village of Custar BPA to direct my financial institution to deduct my monthly electric payment from the checking or savings account I have specified above on the bill's due date. I understand that it is my responsibility to notify the Village of Custar BPA of any changes in financial institution or accounts therein that could affect their ability to satisfy this automatic payment authorization. I further understand that the cancellation of this automatic payment authorization for any reason is solely my responsibility, and that it shall remain in effect until cancelled. Should a payment be returned for any reason, I understand that a bank fee will be assessed to my account.

_____ _____
Signature Date

Please return this form to:
Village of Custar BPA
P.O. Box 128
Custar, OH 43511