



FREMONT

Where People Come First

Water Billing Office

323 S. Front St – 419.334.8966

AUTOMATIC DEBIT AUTHORIZATION FORM

This form is to be completed by customers wishing to use Automatic Monthly Debits from their checking or savings account to pay their monthly water and/or sewer billings.

Customer Name _____

Account Number _____

Service Address _____

Phone _____

I (we) hereby authorize automatic debit from my checking or savings account and financial institution listed below:

Financial Institution _____

Type of Account: Checking or Savings

*Transit/ABA Number _____ *Account Number _____

This authorization is to remain in full force and effect until the City of Fremont has received written notification from me (or either of us) of its termination in such time as to afford the City of Fremont and my financial institution a reasonable opportunity to act on it.

I (we) understand that there will be a \$25.00 charge, per occurrence, for returned funds during the withdrawal process and that repeated offenses could result in ineligibility for the automatic debit plan. **I understand that the amount of our monthly water and/or sewer bill will be withdrawn on the 20th of each month.**

Signed _____ Date _____

Signed _____ Date _____

** please attach a voided check for the account listed above*