



DIRECT PAYMENT

APPLICATION

I authorize the City of Norwood Young America to initiate electronic payment from my bank account for payment of my utility bill. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of United States Law. This authority will remain into effect until I have cancelled it in writing.

BILLING INFORMATION

Customer

Name _____

Service

Address _____

Account # _____

Phone

BANK INFORMATION

Financial Institution

Name _____

Address _____

Routing # _____

Account

Norwood Young America

ATTACH A VOIDED CHECK IN THIS AREA.

Payment will be deducted from your account on the last Wednesday of the month. Applications received after the 15th of the month will begin the following month.

Customer Signature

Date

Norwood Young America