

DIRECT PAYMENT AUTHORIZATION FORM

I hereby authorize the City of Hudson, hereinafter referred to as "the City", and the financial institution named below to: **initiate, change, or terminate** all electronic debit entries, and if necessary, credit entries, to my account listed below.

initiate change terminate

**ACH payments are deducted on the 10th of each month
in the amount due on your utility account.**

Utility Information:

Utility Account Number _____ Customer's Name _____

_____ Customer's Phone _____

Customer 's Email _____

Service Address _____

Bank Information:

Bank Name _____

Bank Address, if not local

Routing Number _____

Bank Account Number

Type: Checking Savings Other (describe) _____

This authority is to remain in full force and effect until the City has received written notification from me of its termination in such time and manner as to afford the City and the applicable financial institution a reasonable opportunity to act on it.

Signature _____ Date _____

PLEASE RETURN THIS FORM AND A VOIDED CHECK TO:

City of Hudson
Attn: UTILITY BILLING
1140 Terex Road
Hudson, Ohio 44236

Or email the form and a copy of a voided check to: utilitybilling@hudson.oh.us