

# 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**                    **terminate**  
electronic debit entries, and if necessary, credit entries, to my account listed below.

## **Utility Information:**

Account Number

\_\_\_\_\_

Customer Name

\_\_\_\_\_

Service Address

\_\_\_\_\_

## **Bank Information:**

Bank Name

\_\_\_\_\_

Address, if not local

\_\_\_\_\_

Routing Number

\_\_\_\_\_

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](mailto:utilitybilling@hudson.oh.us)