City of Sylvania Utility Billing 6730 Monroe St Sylvania OH 43560-1994

Phone: 419-885-8950 Fax: 419-885-8963

Automatic Bill Payment Authorization

I authorize the City of Sylvania Division of Utilities to instruct my financial institution to make my utility payments from the account listed below. I understand that I control my payments and if at any time I decide to discontinue this payment service I will provide written notice to the City of Sylvania Division of Utilities. I also understand that both the financial institution and the City of Sylvania reserve the right to terminate this payment plan and/or my participation therein.

	Signature		Date	Phone
Service Account Nu	mber:			
Service Address:				
Bank Name:				
Routing Number: _				
Account Number:				<u>-</u>
	Type of Bank Account:	Checking	Savings	
	Frequently	y Asked Question	S	
	Q. Is there a c A. No, this service is prov	harge for this serv		ence
	71. 110, this service is prov	idea free or charge	as a convenic	siec.
	_	ill my bill be paid?		0.1
A. On the due d	ate shown on your bill we will in financial institution will pay			
	Q. What if my account is w	ith a credit union o	or savings and	loan?
	A. All depositories ca	n participate in thi	s program.	
	Q. What if I question my bill or	want to stop the a	utomated payı	ment plan?
	A. Contact us at	the number on you	ır bill.	
	Q. How can I be s	ure my bill has bee	n paid?	
A. Your paymen	t will be clearly itemized on the You may also	checking/savings a create an online ac		ent sent by your depository
	O How will I kno	ow the amount of n	av hill?	
	A. Your bill will be maile			·.
E USE ONLY				
Entered		Date Closed		