



# VILLAGE OF OAK HARBOR

## Utility Billing Office

146 Church Street  
P.O. Box 232  
OAK HARBOR, OHIO 43449-0232  
(419) 898-3231

Kimberly Mehlow  
Utility Billing Supervisor

Kim Galway  
Utility Billing Clerk

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### MANDATORY NOTIFICATION TO ALL DIRECT ACH DEBIT PARTICIPANTS

The ACH debit authorization agreement signed by each customer authorizes the Village of Oak Harbor to initiate debit entries, if necessary credit entries and adjustments for any debit entries in error to your account and the receiving depository to debit and/or credit the same to such account.

### AUTHORIZATION AGREEMENT FOR ACH DEBITS

I hereby authorize the Village of Oak Harbor to initiate debit entries, if necessary credit entries and adjustments for any debit entries in error, to my **Checking** \_\_\_\_\_ or **Savings** \_\_\_\_\_ account indicated below and the depository named below, to debit or credit the same to such account.

#### UTILITY BILLING INFORMATION (Please print)

ACCOUNT NO.: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

#### DEPOSITORY (Please include a voided check to record the correct banking information.)

NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

TRANSIT/ABA NO.: \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

This authority is to remain in full force and effect until the Village of Oak Harbor and the Depository have received written notification from me of its termination in such time and in such manner as to afford the Village of Oak Harbor and the Depository a reasonable opportunity to act on it and/or the agreement between the customer and Village of Oak Harbor has be satisfied.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE CONTINUE TO PAY UNTIL NOTIFICATION IS MADE ON YOUR UTILITY BILL. PLEASE ALLOW 4 TO 6 WEEKS.**

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### TERMINATION OF AGREEMENT

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_