

**VILLAGE OF CRIDERSVILLE  
WATER & SEWER DEPT.  
110 W. MAIN ST.  
CRIDERSVILLE, OH 45806  
419-645-4883**

**ACH AUTHORIZATION**

**We must have a voided check to process this authorization or you must verify, with your bank, banks routing number for ACH draft.**

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

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_ W/S ACCT# \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BANK INFORMATION:     ROUTING # \_\_\_\_\_

CHECKING ACCT# \_\_\_\_\_

**(OR)**

SAVINGS ACCT# \_\_\_\_\_

I, hereby, authorize Village of Cridersville Water & Sewer Dept. to draw ACH drafts on my (check one): Checking \_\_\_\_\_ or savings \_\_\_\_\_ account for payment of my monthly water bills. I will give the authority fifteen (15) days written notice before terminating this service.

Returned check fee \$25.00 will apply if information is incorrect or funds not available.

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

You will receive a regular bill marked PAID BY DRAFT in lower left corner.