

# Village of Marblehead Board of Public Affairs



**Water Billing Office**  
513 West Main St., Box 306  
Marblehead, Ohio 43440  
Phone: (419) 798-4074  
Fax: (419) 798-1458

## MANDATORY NOTIFICATION TO ALL DIRECT ACH DEBIT PARTICIPANTS

The ACH debit/credit authorization agreement signed by each customer authorizes the Village of Marblehead to initiate debit entries and, 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/CREDITS

I (we) hereby authorize the Village of Marblehead to initiate debit entries and, if necessary, credit entries and adjustments for any debit entries in error, to my (our) **Checking** or **Savings** account (select one) indicated below at the Depository Financial Institution named below, hereafter called DEPOSITORY, and to debit or credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

#### UTILITY BILLING INFORMATION (Please print)

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

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

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

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

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

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

ROUTING NO. (9 digits): \_\_\_\_\_ ACCOUNT NO.: \_\_\_\_\_

NAME(S) ON ACCOUNT: \_\_\_\_\_

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

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

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

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

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### TERMINATION OF AGREEMENT

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