

**UTILITY DIRECT PAYMENT PROGRAM
CITY OF TALLMADGE, OHIO
AUTHORIZATION FORM
P.O. BOX 437
TALLMADGE, OH 44278
330-633-0851**

SECTION I

Complete this section and send the form to the City of Tallmadge along with a voided check with your next utility payment. Continue to pay your bill until you receive a bill indicating you are on Direct Payment.

City Utility Account # _____

Service Address _____

Name of Bank _____

Name(s) on Bank Account _____

Bank Account Number to be charged _____

Home Phone: (____) _____ - _____. Daytime Phone: (____) _____ - _____.

I have included a VOIDED Check and hereby authorize my financial institution to debit my account in the name of the City of Tallmadge, OH.

Signature _____ Date _____

SECTION II

If you prefer not to include a voided check, take this form to your bank to complete the section below.

FOR BANK USE ONLY

Financial Institution _____ Branch _____

Address _____ State _____ Zip _____ Phone (____) _____ - _____.

Routing Number _____ Account Number _____

Bank Authorized Signature _____ Date _____.