CITY OF VAN WERT

Water Department

515 EAST MAIN STREET
VAN WERT, OHIO 45891
(419) 238-6042

(APPLICATION FOR DIRECT PAYMENT)

Utility Information:

Account Number: _____
Name: _____
Address: _____
City: _____
State & Zip: _____
Daytime Phone: _____
Service Address: _____
(if different from residence)
Business Name: _____
Business ID Number: _____
Please Circle: Checking Savings

Bank Information:

Bank Name: _____
Address: _____
Bank Phone Number: _____
Routing Number: _____
Account Number: _____

Customer Agreement:

I (we), _____, hereby authorize Van Wert City Municipal Utilities to automatically deduct my (our) monthly/quarterly water bill for the above service address electronically from the above bank account, if possible. I (we) have submitted a deposit slip from the account to assure correct bank information. It is my (our) responsibility to notify the water office at (419) 238-6042 should I (we) wish to discontinue this service and if our bank should change its name and/or routing number.

Signature: _____ Date: _____