

401 Main Street, Delta, Ohio 43515 419.822.3190 www.villageofdelta.org

## **Automatic Withdrawal For Water Bill**

Name:
Address:
Phone:
Name of Bank:
Routing #:
Account #:
Checking : □
Savings: □
Bank Phone Number:
Cancel:
I hereby authorize the Village of Delta to withdraw from my checking or
savings account on the 21 <sup>st</sup> day of every month the amount of my monthly water bill. This authority is to remain in full force and effect until written notice from me has been received by the Village of Delta in such a manner as to afford reasonable time to act on it.
Date:
Signature: