

Electronic Payment Authorization

Name: _____

Address: _____

Utility Account # _____

I hereby authorize City of Cleveland to initiate monthly electronic funds transfers (EFT) for my water bill.

I also authorize the City of Cleveland to originate adjustments if/when an erroneous entry occurs.

I authorize the bank/financial institution named below to make EFT entries and adjustments of erroneous entries initiated by the City of Cleveland to the bank account designated below.

Bank Name

Account Number

Transit/Routing #

Attach Voided Check Here

Signature

Date

For Office use only

Received By: _____

Entered: _____

Verified: _____