

Water Office  
1100 Walnut Street  
Coshocton, OH 43812

740-622-2626  
740-623-5927-Fax



*Mark Mills*  
Mayor

*David A Kadri*  
Utilities Director

## AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL

\_\_\_\_ CHECKING

\_\_\_\_ SAVINGS

I HEREBY AUTHORIZE THE **COSHOCTON WATER DEPARTMENT** TO INITIATE DEBIT ENTRIES TO MY CHECKING/SAVINGS ACCOUNT INDICATED ABOVE AND THE DEPOSITORY INDICATED BELOW, HEREINAFTER CALLED DEPOSITORY, TO DEBIT THE SAME TO SUCH ACCOUNT.

### **PLEASE COMPLETE**

DEPOSITORY NAME \_\_\_\_\_

AREA OFFICE \_\_\_\_\_

BANK TRANSIT# \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL WRITTEN NOTICE IS RECEIVED FROM APPLICANT OF ITS TERMINATION. PLEASE SIGN AND RETURN THIS COMPLETED FORM ALONG WITH A VOIDED CHECK.

MAIL TO: COSHOCTON WATER DEPT  
1100 WALNUT ST  
COSHOCTON, OH 43812

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

WATER BILLING ACCT# \_\_\_\_\_ PHONE# \_\_\_\_\_

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