

CITY OF EAST PALESTINE, OHIO  
UTILITY BILLING DEPARTMENT  
330-426-4367 x11

Automatic Utility Direct Payment Plan Agreement  
Authorization Agreement for Direct Payments (ACH Debit)

I/we hereby authorize the City of East Palestine, Ohio, to initiate monthly debit entries, in the amount of my/our utility bill(s) from the bank account and financial institution identified below. I/we acknowledge that the origination of ACH debit/credit transactions to my/our account must comply with the provisions of United States law.

This authorization shall remain in full force and effect until one of the following occurrences:

1. The City of East Palestine, Ohio, receives written notification, signed by all parties named below, of the termination of this authorization agreement in such time (minimum of 30 days calendar days preceding the next due date of a utility bill) and manner as to afford the City of East Palestine, Ohio, and the financial institution a reasonable opportunity to act on it.
2. Utility service registered in name(s) below is terminated.
3. The City of East Palestine, Ohio received two (2) non-sufficient fund (NSF) notices from the financial institution in any twelve-month period. In this situation, the utility customer will be notified by the City of the NSF notices, charged the applicable NSF fee assessed by the City, and placed on a cash-only basis for payment of City of East Palestine, Ohio, utility bills. Once placed on cash-only basis, the account cannot return to the direct-debit program.
4. Failure of the customer to notify the City of a change in financial account information resulting in a NSF notice because of a change in financial account or non sufficient funds in their account. The Village reserves the rights to charge \$40.00 NSF Fees. Per Ordinance 10-2021

All final bills on utility accounts shall be made by the customer by check or cash. No ACH Payment will be processed for final bills.

I/we have submitted this financial account information in confidence to the City of East Palestine, Ohio. I/we are not required by law to provide financial account information – it is provided solely for participation in this program. The City of East Palestine has obliged itself to act in good faith not to disclose financial account information.

I/we understand that cancellation/termination of service may require several days to implement and that authorized withdrawals from my/our bank account named below may occur prior to cancellation of my/our participation in the direct payment program. My/our signature on this form indicates my/our understanding of an agreement to the City of East Palestine, Ohio, automatic utility direct payment policies and procedures.

I/we understand that the City of East Palestine is required to send a prenote to the bank for the 1<sup>st</sup> month bill and it is my/our responsibility to pay the 1<sup>st</sup> month bill after signing up for ACH debit. The 2<sup>nd</sup> month bill will be paid through ACH Debit.

Please see reverse side for more information

AUTHORIZATION FORM

NOTE: All customers wishing to participate in the Direct Debit Program must complete, sign, return, and agree to the terms stated on this authorization agreement as required by Federal banking regulations. By signing this form, you agree that you have read the back of this agreement.

Your name as it appears on your checking/savings account (both must sign if a joint account):

Print Name(s) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

(Required: A Copy of a void check)

City of East Palestine Account Number \_\_\_\_\_

Type of Bank Account: (\_\_\_\_) Checking (\_\_\_\_) Savings

Name of Financial Institution: \_\_\_\_\_

ABA Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

City of East Palestine Use Only:

\_\_\_\_\_  
Clerk Signature

\_\_\_\_\_  
Date Activate: Entered in master file