



ACH AUTHORIZATION FORM

FOR SEWER BILLING ONLY

Authorization Form

I (we) hereby authorize The City of Solon to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until The City of Solon is notified by me (us) in writing to cancel it in such time as to afford The City of Solon and the Financial Institution listed below, a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution –Branch, City, State & Zip Code)

(Signature)

(Date)

(Name – PLEASE PRINT)

(Address –PLEASE PRINT)

(Phone Number)

Please attach a copy of your voided check.

2400
10/19/18 91-548/1221
PAY TO THE ORDER OF _____ \$ _____

DOLLARS
FOR _____
⑆ 22105278⑆ 6724301068⑆ 2400⑆
Routing Number Account Number Check Number