

Kathy Catazaro-Perry, Mayor



Automatic Payment Plan Authorization Form

I hereby authorize the **City of Massillon – Sewer Department** to initiate payments for Sewer, Street Light, and Storm Water from my checking or savings account as they are due. Please check one:

Checking Account _____

or

Savings Account _____

I understand that I am in full control of automatic payment plan payments. I also understand that charges for additional services will change the balance due to my account, and I authorize the City of Massillon Sewer Department to collect the total due each billing quarter. This authority will remain in effect until I notify the City in writing or by phone to discontinue my enrollment in the automatic payment plan. I further understand if for any reason an automatic transaction does not clear the bank (i.e. insufficient funds, closed account, etc.), then I will be assessed a \$40.00 NSF fee as per City Ordinance.

Name _____

Service Address(es) _____

Sewer Account Number(s) _____

Mailing address _____

(if different from service address)

Telephone Number _____

Bank Name _____

Routing Number _____ Bank Account Number _____

I have enclosed the required voided check. Yes _____ No _____

Please sign your name as it is listed on your account.

Signature _____ Date _____

Return this form to:

City of Massillon
Sewer Department
P.O. Box 530
Massillon, OH 44648