

VILLAGE OF GRANVILLE
Utilities Department
P. O. Box 514
Granville, OH 43023
740-587-1400

VILLAGE OF GRANVILLE WATER DEPARTMENT

Authorization Agreement for Electronic Funds Transfer

PLEASE PRINT OR TYPE

WATER CUSTOMER INFORMATION

NAME _____
SERVICE ADDRESS _____
TELEPHONE NUMBER _____
WATER ACCOUNT NUMBER _____

BANK ACCOUNT INFORMATION

BANK NAME _____
ACCOUNT NUMBER _____ (BOTTOM RIGHT - ON CHECK)
_____ CHECKING _____ SAVINGS
ROUTING NUMBER _____ (BOTTOM LEFT - ON CHECK)

A VOIDED CHECK, COPY OF A CHECK OR PAYMENT MUST BE INCLUDED WITH THE APPLICATION

CUSTOMER AUTHORIZATION

I authorize the Village of Granville to transfer funds on the 15th of the month (or the first business day following the 15th) for my utility bill from the above bank account. I will notify the Village immediately if there are any changes in my water account or bank account information.

Signature _____

Date _____