MUNICIPAL BUILDING
655 Blacklick St.
Groveport, OH 43125
614.836.5301
www.groveport.org

Groveport ACH Payment Authorization Form

Upon completing the information below, the City of Groveport will deduct from your checking account the payment amount due. There is no charge and once your payment has been successfully processed, account information is not retained. If you have any questions, please call (614) 830-2048.

Name on Account: _____

Address: _____

Payment Information/Purpose: _____

_____

Payment Amount: _____

Phone Number: _____

E-Mail Address: _____

Account Type: ☐ Checking ☐ Savings

***** Include Voided Check*****

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____

Authorized Signature: _____ **Date** _____

The above signature authorizes the City of Groveport to initiate a one-time withdrawal from the above account for services performed. It is the customer's responsibility to verify banking information and confirm sufficient funds in order for the City of Groveport to perform the requested services.

Please complete the information listed above and Submit form/canceled check to: City of Groveport, 655 Blacklick Street, Groveport, OH 43125, fax to (614) 836-1953, or e-mail to Accountspayable@groveport.org