



City of Bucyrus
Utility Department
Consumer Debit Authorization Form

Date: _____

Account Number: _____

Service Address: _____

Billing Address: _____

Telephone Number: _____

Please deduct my Direct Payment from my account as follows:

Name of Financial Institution: _____

Financial Institution Routing Number: _____

Type of Account: _____ Checking _____ Savings

Account Number: _____

I (we) hereby authorize THE CITY OF BUCYRUS UTILITY OFFICE herein called UTILITY OFFICE, to charge my bank account one day prior to due date. I acknowledge that the origination of these charges to my account must comply with U.S. law. I agree that this agreement remains in effect until canceled by me, the UTILITY OFFICE or my financial institution. I understand that if i decide to discontinue this payment plan I will notify the UTILITY OFFICE in writing at the following address:

City of Bucyrus
Utility Department
500 S. Sandusky Avenue
Bucyrus, OH 44820

Signature: _____

Date: _____

- * Note: Please enclose a voided check or savings deposit with this form.
- * Make sure the correct routing number is on the check or savings deposit slip.
- * This may take up to 60 days to process.