



VILLAGE OF GIBSONBURG

526 N. Webster St. • Gibsonburg • Ohio • 43431
j.cox@gibsonburgohio.org

CUSTOMER AUTHORIZATION TO DEBIT UTILITIES

Resident Name: _____

Resident Address: _____

I herby authorize The Village of Gibsonburg Utility Office to initiate debit entries to me Accountant the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. Law. Please note the resident will receive a copy of the monthly bill.

Bank/Financial Institution Name: _____

Address: _____

City/State/Zip: _____

ABA Routing Number: _____

Account Number: _____

Type: Checking _____ or Savings _____

Please attach a VOIDED Check for account listed above.

Account Holder Name(s): _____

Phone: _____

Email: _____

Signature/ Date: _____

This authority is to remain in full force and effect until the Village of Gibsonburg utility office has received written notification from me of its termination in such tie and in such manner as to afford The Village of Gibsonburg Utility Office and the financial institution a reasonable opportunity to act on it. This form must be completely filled out in order for the ACH Debits to be processed.

Fax: 419-637-7306 www.Gibsonburgohio.org

Mayor: 419-637-7166 • Administrator: 419-637-2634

• Fiscal Officer: 419-637-7166 • Utility Clerk: 419-637-2323 Ext. 301