



*Utility Services
Department
City of Warren*

580 Laird Ave., S.E. • Warren, Ohio 44483-4634
Phone: (330) 841-2531 • Fax: (330) 841-2790

*William Douglas Franklin
Mayor*

Enzo C. Cantalamessa
Director of Service-Safety

Franco A. Lucarelli
Director of Utility Services

February 7, 2019

Dear Customer:

The City of Warren Utility Services Department is pleased to provide you the opportunity to pay your utility bill by direct debit from either your checking or savings account. There is no fee for this service.

It will be necessary for you to fill out an application and return it to us 30 days before your next due date. In the meantime, you will need to forward payment for the current bill as this program will not begin until your next billing. Thereafter, your account will be drafted on your due date. If there are insufficient funds available for any reason to cover your utility bill, there will be a fee of \$25 assessed to your account. There will be no exceptions.

Please be sure to read the application agreement carefully and attach a voided check to the bottom of the application to assure that all account information is correct.

If you have any questions regarding this service, please call our office at (330)841-2531 Monday through Friday between 8:00 a.m. and 4:30 p.m.

Sincerely,

Franco A. Lucarelli
Director of Utility Services
City of Warren

CITY OF WARREN UTILITY SERVICES

AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEBIT

I/We hereby authorize the City of Warren Utility Services Department to automatically withdraw (debit) my account as listed below to pay my utility bill. This account will be drafted two (2) days before my statement is due. I also understand that if corrections are necessary, it may involve an adjustment (credit or debit) to my account. Your first billing after signing for this program will be a pre-note or test and we will not begin drafting your account until the following month. Insufficient funds may result in cancellation of this agreement and a fee of \$25 will be assessed to your account.

Name: _____

Utility Account #: _____ Customer # _____
(From your billing statement) (Digits after account number)

Address: _____ Phone # _____

Financial Institution Name: _____

Bank Address: _____
(Branch Name, City, State)

Type of Account: Checking or Savings Account #: _____
(Circle one)

Transit/ABA Number: _____
(Nine-digit number that appears on the bottom **left** side your check)

I/We understand that this authorization will remain in effect until my financial institution and the Utility Services Department have received written notification at least ten (10) days in advance that I no longer desire this service.

Signature: _____ Date: _____

Signature: _____ Date: _____
(Joint account owner, if applicable)

ATTACH A VOIDED CHECK HERE

FOR OFFICE USE ONLY

DATE RECEIVED: _____

DATE INPUT _____ BY: _____