



CITY OF ASHLAND

E-Billing set-up and/or Auto Payment Authorization

Print Name(s) for account

Start Date

Property Address

Billing Account Number

Billing Address (if different than above)

(Please check one) Own Rent

Phone Number

Email Address for E-Billing Only (check to authorize)
(No paper bill will be mailed)

Water/Sewer Authorization for Auto Payments (free)

I/We authorize the City of Ashland to initiate debit entries to my/our account at the depository named below for the payment of my/our water/sewer bill. I understand my account will be debited the day following the 15th of the month.

Financial Institution Name

Branch/Address

Routing Number

Account Number

Type of Account: Checking _____ (**Attach voided check**)

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We acknowledge that the origination of these transactions must comply with the provisions of the U.S. law. I/We understand that the authorization will remain in full force and effect until the City of Ashland has received written notification of its termination in such time and in such manner as to afford the City of Ashland a reasonable opportunity to act on it.

Signature required for Auto payment

Date
