

CITY OF BELLEVUE
DIRECT PAYMENT AUTHORIZATION

I authorize the City of Bellevue to instruct the financial institution listed below to automatically deduct my utility bill payment from the account listed, on or about the tenth (10th) of every month. If at any time I decide to discontinue this payment service, I will notify the Finance Department in writing at the below address. I understand that I need to continue to pay my bill until my bill states "DIRECT WITHDRAWAL – DO NOT PAY"

CUSTOMER INFORMATION

CUSTOMER NAME: _____

SERVICE ADDRESS: _____

CITY: _____ STATE: _____

PHONE: _____

UTILITY ACCOUNT NUMBER: _____

SIGNATURE: _____

TODAY'S DATE: _____

BANK INFORMATION

FINANCIAL INSTITUTION: _____

FINANCIAL INSTITUTION'S PHONE NO: _____

TYPE OF ACCOUNT: (PLEASE CHECK ONE) CHECKING _____ SAVINGS _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

RETURN COMPLETED FORM & VOIDED CHECK TO:

City of Bellevue
Finance Department
3000 Seneca Industrial Parkway
Bellevue, OH 44811

ATTACH VOIDED CHECK