

**3 Simple Steps
To Direct Payment:**

1. Please complete entire form
2. Enclose voided check
3. Mail to:
City of Oregon, Division of Water
5330 Seaman Road
Oregon, OH 43616-2633

Authorization Agreement For Direct Payment

I authorize the City of Oregon, Water Division, to instruct my Financial Institution to make my Water/Wastewater payment from the account listed below. If I decide to discontinue this direct payment, I will notify the City of Oregon, Water Division in writing before the next billing date.

CUSTOMER INFORMATION

(Water Account Number)

(Name-Please Print) (Phone No.)

(Signature) (Date)

FINANCIAL INSTITUTION INFORMATION

(Name of Financial Institution)

(Address of Financial Institution)

(Checking Account No.) **OR** (Savings Account No.)

(Financial Institution Routing/Transit No.)

*Please enclose a **voided** check