

**City of Sylvania Utility Billing**  
6730 Monroe St Sylvania OH 43560-1994  
Phone: 419-885-8950 Fax: 419-885-8963

**Automatic Bill Payment Authorization**

I authorize the City of Sylvania Division of Utilities to instruct my financial institution to make my utility payments from the account listed below. I understand that I control my payments and if at any time I decide to discontinue this payment service I will provide written notice to the City of Sylvania Division of Utilities. I also understand that both the financial institution and the City of Sylvania reserve the right to terminate this payment plan and/or my participation therein.

Customer Name (as shown on bill – please print) \_\_\_\_\_

X \_\_\_\_\_  
Signature Date Phone

Service Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Bank Account:                      Checking \_\_\_\_\_ Savings \_\_\_\_\_

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**Frequently Asked Questions**

**Q. Is there a charge for this service?**

**A. No, this service is provided free of charge as a convenience.**

**Q. How will my bill be paid?**

**A. On the due date shown on your bill we will inform your financial institution of the amount due. Your financial institution will pay us that amount from your account.**

**Q. What if my account is with a credit union or savings and loan?**

**A. All depositories can participate in this program.**

**Q. What if I question my bill or want to stop the automated payment plan?**

**A. Contact us at the number on your bill.**

**Q. How can I be sure my bill has been paid?**

**A. Your payment will be clearly itemized on the checking/savings account statement sent by your depository. You may also create an online account.**

**Q. How will I know the amount of my bill?**

**A. Your bill will be mailed at least 20 days before it is due.**

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OFFICE USE ONLY

Date Entered \_\_\_\_\_ Date Closed \_\_\_\_\_