

CITY OF ALLIANCE WATER UTILITY
504 E Main Street
Alliance, Ohio 44601-2400
Phone (330) 823-3126

CONSUMER DEBIT AUTHORIZATION

Automated Bill Payment Enrollment for your Alliance Water Utility Service.

Name (as shown on your bill) _____

Service Address _____

City/State/Zip _____

Daytime Phone # _____

Please deduct my Automated Bill Payment from my account:

Name of Bank/Savings & Loan/Credit Union _____

Type of Account:

Checking _____ R/T _____

Savings _____ Account Number _____

I authorize Alliance Water Utility to deduct my utility payment from the account listed above. I understand that if I decide to discontinue this payment plan I will notify Alliance Water utility in writing at the following address:

Alliance Water Utility
504 E Main Street
Alliance, Ohio 44601-2400

Signature _____

Date _____

Note: Enclose a voided check

Please continue to **PAY YOUR BILL AS USUAL** until notification is shown on your bill.
Allow 6-8 weeks.

We will send you a copy of your bill at least 10 days before it is due and indicate when the amount will be deducted from your account.