

DIRECT PAYMENT AUTHORIZATION FORM

I hereby authorize the City of Hudson, hereinafter called "the City" and the financial institution named below, to **initiate** ____ **terminate** ____ **change** ____ (please check one) electronic debit entries, and if necessary, credit entries to my account listed below:

(Financial Institution Name)	(Branch)
(Address)	(City, State, Zip Code)
(Routing Number)	(Account Number)

Type: Checking
 Savings
 Other (Describe) _____

This authority is to remain in full force and effect until the City has received written notification from me of its termination in such time and manner as to afford the City and the applicable financial institution a reasonable opportunity to act on it.

(Customer Name)	(Signature)
(Service Address)	
(Date)	

PLEASE RETURN THIS FORM TO THE FOLLOWING:

***City of Hudson
Attention: UTILITY BILLING
27 East Main Street
Hudson, Ohio 44236***

****** Please remember to attach a VOID check to this form ******