

**CITY OF OXFORD**

**REQUEST FOR DIRECT  
PAYMENT OF UTILITY BILLS**

I authorize the City of Oxford Finance Department and my financial institution named below to initiate electronic debit entries and if necessary, with prior notification to me, credit entries to reverse an erroneous debit entry from my checking or savings account listed below to automatically pay my monthly utility bill to the City of Oxford. I will be mailed a copy of each month's utility bill and the withdrawal will be made after the mailing. This authority will remain in effect until I notify the City of Oxford and my financial institution in writing requesting cancellation three (3) working days prior to the cancellation.

**CUSTOMER INFORMATION:**

NAME:

SERVICE ADDRESS:

**FINANCIAL INSTITUTION INFORMATION: *(All data remains confidential)***

NAME:

BRANCH:

ADDRESS:

ROUTING #:

ACCOUNT #:

TYPE:                    **CHECKING                  OR                  SAVINGS**

**AUTHORIZED BY:** \_\_\_\_\_  
  **(Signature)**   **(date)**

**IMPORTANT: PLEASE ATTACH A VOIDED CHECK (IF USING A CHECKING ACCOUNT) OR DEPOSIT TICKET (IF USING A SAVINGS ACCOUNT) FOR ACCOUNT NUMBER VERIFICATION**  
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RETURN THIS FORM TO: CITY OF OXFORD  
  FINANCE DEPARTMENT  
  101 EAST HIGH STREET  
  OXFORD, OH 45056