

Defiance County Wastewater

ACH (Automated Clearing House Transaction) Payment Option Setup

Signing up for the ACH Option: **Please note, this option takes a billing cycle to become effective. Please be sure that when you sign up for this option, you pay your bill for that month through your normal procedure. The following month, your payment will then be automatically withdrawn.**

Login / Create Account

Find Your Full Account Number

You will need your full account number, including the leading zero, the dash and the last digit. An example of the account number is: 0000-2

CID number can be found on your bill card above your “account number.”

Enroll In Paperless Billing

Defiance County Wastewater highly recommends you enroll in paperless billing to ensure you receive your bill.

Once you have created your account, you will receive an email from Municipality to verify your email address.

If you already have an account, please login and go to your account settings. Then choose “Enroll in paperless billing.” This will automatically send your monthly bill to your email account.

Signing Up For The ACH Option

Please fill out, sign and mail the below contract to us so we can automatically withdraw money from your bank account on the 12th day of each month (or the next business day in the case of weekends or holidays).

- You must provide a voided check to our office to use this method.
- Any bank charges incurred for insufficient funds will be charged to your account.
- Please note, this option takes a billing cycle to become effective. Please be sure that when you sign up for this option, you pay your bill for that month through your normal procedure. The following month, your payment will then be automatically withdrawn.

If you have any questions concerning this new procedure, feel free to give us a call at 419-782-2230 and our staff will be most happy to assist you.

**DEFIANCE COUNTY WASTEWATER
AUTOMATIC PAYMENT WITHDRAWAL CONTRACT
For ACH (Automated Clearing House) Transactions**

I hereby authorize Defiance County Wastewater to withdraw funds from my bank account on or around the **12th** day of each month, or next business day in the case of weekends or holidays, for the purpose of paying my Defiance County Wastewater Bill.

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This authority is to remain in force and effect until Defiance County Wastewater has received written notification from me of its termination in time and in such manner as to afford Defiance County Wastewater a reasonable opportunity to act on it.

ACCOUNT NUMBER: _____

FULL NAME: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

SIGNATURE: _____

DATE: _____

BANK NAME: _____

BANK CITY & STATE: _____

BANK ACCOUNT NUMBER: _____

BANK ROUTING NUMBER: _____

THIS AGREEMENT CANNOT BE PUT INTO EFFECT WITHOUT A VOIDED CHECK

Any bank charges for insufficient funds are the responsibility of the customer and they will be charged to their account.

Mail completed form and voided check to the address below:

Defiance County Wastewater Operations
500 W. 2nd Street, Suite 102 Defiance, Ohio 43512