

**Defiance County Wastewater
Credit Card Payments
Or
ACH (Automated Monthly Withdraw)**

Thank you for your inquiry about our Defiance County Wastewater new payment options.

For Credit Card Payments go to link below:

defiancewwtp.authoritypay.com

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

CID number: is found on your bill card above the account number.

For (ACH) Automatic Monthly Withdraw from a Checking Account - go to link below:

defiancewwtp.authoritypay.com

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

CID number: is found on your bill card above the account number.

If you are choosing to pay via ACH (Automated Clearing House Transaction), please enroll in paperless billing.

You will need to sign the Automatic Withdrawal Contract included with these instructions. Please sign and return it 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.**

Any bank charges incurred for insufficient funds will be charged to your account.

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.

Brad Fritch
Defiance County Wastewater.

**DEFIANCE COUNTY WASTEWATER
AUTOMATIC PAYMENT WITHDRAWAL CONTRACT**

For ACH (Automated Clearing House) Transactions

I hereby authorize the Defiance County Wastewater to withdraw funds from my bank account on 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.

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.

NAME (please print) _____

MAILING ADDRESS _____

PHONE NUMBER _____

DATE _____

SIGNATURE _____

BANK NAME _____

BANK CITY & STATE _____

ACCOUNT NUMBER _____

ROUTING NUMBER _____

**THIS AGREEMENT CANNOT BE PUT INTO EFFECT
WITHOUT A VOIDED CHECK**

Any bank charges for insufficient funds are the responsibility of the Defiance County Wastewater **Customer** and will be charged to their account.

Mail Completed form or drop off to:
Defiance County Wastewater Operations
500 W. 2nd Street, Suite 102
Defiance, Ohio 43512