



Village of New Bremen Authorization for Automatic Payment

I hereby authorize the **Village of New Bremen Utilities Office**, and the financial institution shown below to initiate entries to my checking or savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the Village of New Bremen and the Financial Institution a reasonable opportunity to act on it. Should the account be declared non-sufficient funds, a \$25 charge will be assessed.

Please return form to: Village of New Bremen | Utilities Office | PO Box 27 | New Bremen, Ohio 45869
Email – office@newbremen.com | phone – 419-629-2447

Name of Financial Institution

Address of Financial Institution

City

State

Zip

Signature

Date

Name – Please Print

Phone Number

Address of Utility Service

Village of New Bremen Utility Account #

Financial Institution Routing Number

Indicate whether we are to debit you checking account or savings account:
(Please include a voided check or savings deposit slip with proper account numbers)

____ Checking Account ____ Savings Account Account Number _____

Monthly payment will be debited on the due date – 10th of the month



Utility Bill via Email

Sign up Today!

Email