



City of Kent

Utility Billing
319 S. Water Street
Kent, OH 44240
(330) 678-8104

Automatic Draft Authorization
for Utility Bill Payment

3 Simple Steps to Automatic Bill Payment:

1. Complete and sign this form.
2. Attach a **VOIDED** check.
3. Mail to: City of Kent Utility Billing
319 S. Water Street, Kent, OH 44240 **OR email the form**
to: Utility.Billing@KentOhio.gov

I authorize the City of Kent Utility Billing Division to automatically deduct the monthly payment of my utility bills from my checking/savings account on or about the **15th** of the month. If the 15th falls on a Saturday or Sunday, my account will be charged the previous Friday for the amount of my utility bill.

I understand that I control my payments. Should I decide to discontinue this payment service, I agree to notify the City of Kent in writing at least **10 days prior** to the billing date.

I have read the above statements and fully understand that by signing this agreement, I authorize the City of Kent to debit and/or credit my checking/savings account as necessary to reconcile my utility payment. By electronically signing this form, you agree to the terms and conditions noted.

Signature: _____ **Date:** _____

Daytime Phone: _____

Name: _____
(as it appears on your bill)

Name: _____
(if other than as it appears on your bill)

Mailing Address: _____

Account Number: _____
(as it appears on your bill)

Service Address: _____
(as it appears on your bill)

Checking/Savings Account Number: _____
(Include a voided check when using a checking account, or a deposit slip for savings account only)

For Office Use Only			
Entered by (initials):	<input style="width: 90%;" type="text"/>	Date:	<input style="width: 90%;" type="text"/>