

City of Mount Vernon

Division of Water & Wastewater

3 N. Gay Street, Suite B
Mount Vernon, OH 43050
Phone: (740) 393-9504 Fax: (740) 397-3707
Email: utilitycs@mtvernonoh.gov



Mount Vernon

<http://www.mtvernonoh.gov>

SurePay - Automatic Transaction Agreement

Customer Name: _____

Customer Address: _____

Service Address: _____

Account Number: _____

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

By signing below, I, the undersigned, authorize the City of Mount Vernon Division of Water and Wastewater to initiate automatic payments through Surepay from my designated account. I understand and agree to the following terms:

1. **Authorization:** I authorize the City of Mount Vernon to withdraw the full payment amount from my account on a recurring basis.
2. **Payment Schedule:** The automatic withdrawal will occur on the 15th of each month. The first payment will be deducted beginning the next billing cycle.
3. **Revocation of Authorization:** I understand that I may revoke this authorization at any time by providing written notice to the City of Mount Vernon Division of Water and Wastewater at least 5 (five) business days prior to the next scheduled withdrawal date.
4. **Signature and Acknowledgment:** By signing this agreement, I acknowledge and consent to the terms outlined above.

Customer Signature

Date

Attach copy of voided check here