

LAGRANGE UTILITIES

CONTRACT FOR WATER AND SEWER SERVICES

Subject to the Rules and Regulations governing the Division of Water and Sewer of the Village of LaGrange, Ohio, and all ordinances and laws pertaining thereto, now in force or which shall be later become in force, the undersigned hereby makes application for water and sewer services to be turned on for use and hereby agrees to become responsible for and make prompt payment of all water and sewer charges connected therewith. Owner assumes liability for all water and sewer charges at said premises by whomever incurred. Sewer charges are based on water consumption.

CUSTOMER NAME _____ OWNER _____

EMPLOYED BY _____ CITY: _____ TENANT _____

SPOUSE NAME _____ LAND CONTRACT _____

EMPLOYED BY _____ CITY: _____

SERVICE ADDRESS: _____

BILLING ADDRESS _____

PHONE NUMBER# _____

SOCIAL SECURITY # _____

Have you or anyone in your household had water service in the Village of LaGrange, Ohio, in their name in the last 10 years? _____ if so please list name and addresses.

TENANTS SIGNATURE _____

OWNER'S SIGNATURE _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

OFFICE USE ONLY

ACCOUNT# _____ DEPOSIT _____ RECEIPT # _____

DIRECT DEBIT (ACH DEBITS) AUTHORIZATION FORM

Name: _____ ID Number _____

I (we) hereby authorize LaGrange Utilities, hereinafter called COMPANY and the depository financial institution named below, hereinafter called DEPOSITORY, to initiate electronic debit entries, and if necessary, credit entries to my account listed below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law

(Financial Institution Name)

(Branch)

(Address)

(City State Zip)

(Routing Number)

(Account Number)

Checking Account

Savings Account

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

(Print Individual Name)

(Signature)

(Print Individual ID Number)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM