

**CITY OF WILLARD, OHIO
DIRECT DEPOSIT APPLICATION FORM
ACCOUNTS PAYABLE**

Type of Action: New Change

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

A CHECK MARKED VOID MUST BE ATTACHED

Routing Number: _____

Depositor Account Number: _____

Type of Account: Checking Savings

Financial Institution Name: _____

Agreement:

I hereby authorize City of Willard, Ohio to initiate credit entries (deposits) to my account designated above. I understand the City of Willard, Ohio may terminate my participation if Necessary.

Signature

Date

Return this application to City of Willard, attn Accounts Payable, PO Box 367, Willard, OH 44890 or fax to 419-933-4545.