

Doylestown, Ohio 44230

EASY-PAY AUTHORIZATION

Customer	Name:		_
Customer Telephone Number/Billing Number:			_
Bank Name:			
Bank Rou	ting/Transit Number (9 Digits):		_
Bank Acc	ount Number:		_
IMPORTANT:	PLEASE INCLUDE A CURRENT VOIDED CHECK (Deposit slips are not acceptable)		
	ion is to remain in full force and effect until the CO nation in such time and in such manner as to afford		•
Name:			
Name:			
Signature of Account Holder(s): Date:			_
			_
Mail for	m and voided check to:		_
•	Telephone Company tage Street		