



Authorization for Direct Payment via ACH (ACH DEBIT)

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment.

I (we) _____, _____,
Account Holder (print) Account Holder (print)

authorize the Village of South Amherst Utility Department to electronically debit my account as follows:

Select One:

☐ Checking Account

☐ Savings Account

at the financial institution (Bank) named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Bank Name _____

Routing Number (first 9 digits) _____

Account Number (second set of numbers) _____

Amount of debit(s) or method of determining amount of debit(s). Maximum amount of approved debit not to exceed \$_____.

Your payment will be debited from your account **on the 20th of every month**. If the 20th of the month falls on a weekend/holiday it will be debited the following business day.

I (we) understand that this authorization will remain in full force and effect until I (we) notify the Village of South Amherst Utility Department in writing and/or in person that I (we) wish to revoke this authorization. I (we) understand that The Village of South Amherst Utility Department requires at least 30 days to terminate said withdrawals.

Account Holder Signature(s)

Date

Account Holder Signature(s)

Date

Return form to the Water Clerk at:
Email: waterclerk@southamherst.org

Or

SAU – Clerk
103 W. Main St.
South Amherst OH 44001

**FORM
75**

Regional Income Tax Agency
Individual Registration Form



800.860.7482
TDD 440.526.5332
ritaohio.com

Names:

_____-_____-_____
Primary Social Security Number First Name Middle Last Name

_____-_____-_____
Spouse's Social Security Number First Name Middle Last Name

Primary date of birth: ____/____/____ Spouse's date of birth: ____/____/____

Registration for the city or village of: _____

Current Residence Address Information:

Street No. Street Name Apt. /Suite # PO Box

City / Village State Zip Code

Date you moved to this address: ____/____/____ Contact Phone No. (____) ____-____

Do you own or rent your home? (Please check ✓ one) Own ☐ Rent ☐

If renting please give the Landlord's name, address and phone number _____

Previous Residence Address Information:

Street No. Street Name Apt. /Suite # City / Village State Zip Code

Date you moved to this address: ____/____/____

Employment Information: (Check Yes or No, if retired please include date of retirement)

Are you employed? Yes ☐ No ☐ Is your spouse employed? Yes ☐ No ☐

Are you retired and/or have no taxable income? Yes ☐ No ☐ If Yes, date you retired: ____/____/____

Is your spouse retired and/or have no taxable income? Yes ☐ No ☐ If Yes, date your spouse retired: ____/____/____

Do you have income reported on Federal Schedules C, E or F? Yes ☐ No ☐

Does your spouse have income reported on Federal Schedules C, E or F? Yes ☐ No ☐

Do you and/or your spouse own rental property? Yes ☐ No ☐ (Please list tenant's name, address and date you began renting property. If you have multiple properties, please supply additional information on back or a separate sheet of paper.)

Tenant's First, Last Name and address: _____

Date: ____/____/____

Mail form to: RITA
ATTN: Registration Dept.
P.O. Box 477900
Broadview Heights, OH 44147-7900

Call: 800.860.7482, ext. 5008
FAX form to: 440.526.3136