



UTILITIES BUSINESS OFFICE

PERMISSION TO ACT AS AGENT (ACH PAYMENTS)

ACCOUNT NUMBER _ _ _ - _ _ _ . _ _ _

SERVICE ADDRESS _____

I, _____, owner of above property, grant permission to the designated tenant(s) to act as my agent in matters relating to the automatic bill payment program for payment of water, sewer and curb service/recycling collection services until written revocation of this permission is delivered to the Utilities Business Office.

I understand and agree the tenant(s) of the property covered by this agreement are authorized to receive the utilities bill as agents for owner. I understand the Utilities Business Office will notify me by mail at the owner address listed below of any delinquencies and/or turn-off notices regarding the above account. This grant shall **not** act as a waiver or release of the owner's ultimate responsibility for all billings due for said property.

The above conditions are accepted by:

REQUIRED	OWNER NAME _____
	OWNER ADDRESS _____
	OWNER PHONE NUMBER _____
	OWNER SIGNATURE _____
	TENANT NAME _____
	TENANT PHONE NUMBER _____
	TENANT SIGNATURE _____

Submit **fully completed** form via:

Scan and e-mail to UBO@AkronOhio.gov or

Fax to **(330) 375-2308** or

Mail to: **City of Akron Utilities Business Office**
1180 S Main St, Suite 110
Akron, OH 44301-1253