

# — THE VILLAGE OF — SWANTON

Welcome to the Village!

219 Chestnut Street  
Swanton, Ohio 43558  
T: 419.826.9515  
F: 419.825.1827  
[www.villageofswantonohio.us](http://www.villageofswantonohio.us)

A few key points regarding your Utility Bill.

- Bills are mailed out before the 1<sup>st</sup> of the month
- If you do not receive a bill/email, please call the office 419-826-9515
- Bill is due on the 15<sup>th</sup> of each month
- 10% penalty on past due balance
- Shut-off for nonpayment occurs on the 2<sup>nd</sup> of each month

Bill and Payment Options:

- **Go paperless!** Sign up to receive bills, reminders and receipts via email. Call 419-826-9515 option 1
- **ACH Direct Payment:** FREE Automatic monthly bank withdrawal on the 15<sup>th</sup> of each month. ACH Form is available online or office.
- **Pay by Phone 24/7:** Call 1-877-493-5091 to check the balance or make a payment. FEES APPLY to make a payment. No charge to check balance.
- **Pay Online with credit card or bank account:** No registration required for one-time payment. FEES APPLY
- **Pay by Text:** Get text notifications about your bill and make a payment 24/7. FEES APPLY
- **Bill Pay:** Processed through your bank. Allow 7-10 days prior to due date of Utility Bill for processing
- **Utility Payment Boxes:** Drive up payment box located on the east side of the building by the Police Department, or between the back doors of the Municipal Building. 24/7
- **Mail:** Mail payment to 219 Chestnut Street, Swanton, OH 43558.



**MAYOR**  
Neil Toeppe

## COUNCIL MEMBERS

Mike Disbrow  
Samantha Disbrow  
Derek Kania  
Patrick L. Messenger  
John Schmidt  
Dianne Westhoven

## ADMINISTRATOR

Shannon Shulters

## FINANCE DIRECTOR

Holden Benfield

If you move out of the Village, you must call 419-826-9515 option 1 to schedule a final reading of your water bill. Otherwise, you will continue to be billed.

**PREAUTHORIZED BANK PLAN**

**For the direct payment of (ACH) of utility payments.**

**FEIN 34-6401382**

I hereby authorize the Village of Swanton to initiate debit charges to my checking/savings account indicated below at the bank named below, hereinafter called Bank and to debit (charge) the account. Utility payments will be deducted on the 15<sup>th</sup> of every month. A monthly bill will be sent to the physical address *or* email address on file, indicating the amount that will be debited (charged). There is **no fee** for this service.

If you would like to sign up for emailed statements, please visit <http://villageofswantonohio.us/residents/utility-billing/> for more information.

This authorization is to remain in effect until the Village of Swanton is notified in writing by the account holder. The cancellation notice will afford the Village of Swanton a reasonable length of time to act on such notification. The Village of Swanton reserves the right to terminate customer participation in ACH payments for good cause.

**A fee of \$50.00 will be charged if a debit (charge) is returned to the Village of Swanton for insufficient funds.**

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Customer Phone: \_\_\_\_\_

Email address for bills: \_\_\_\_\_

Utility Account Number: \_\_\_\_\_

Please indicate either Checking  Savings  \* Attach voided check or deposit slip

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form with your next utility payment.**

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## WATER/SEWER SERVICE APPLICATION AND CONTRACT ★ COMMERCIAL PURCHASE ★

Date \_\_\_\_\_

Service Address \_\_\_\_\_

Applicant 1 \_\_\_\_\_ EIN: \_\_\_\_\_

Applicant 2 \_\_\_\_\_ EIN: \_\_\_\_\_

Daytime phone # \_\_\_\_\_ Evening phone # \_\_\_\_\_

Email \_\_\_\_\_

Have you previously:  Lived in the Village of Swanton?  Had established utility service in the Village of Swanton?

If yes, Where? \_\_\_\_\_

**\*\* Each service account will receive a minimum MONTHLY bill (due the 15<sup>th</sup> of the month) as long as the service is turned on.**

**\*\* Transfer will not be done without a move-in reading of the main meter.**

**\*\* All residents are responsible to file an annual Village of Swanton Municipal Income Tax return with the Regional Income Tax Agency.**

*I/We, the owner(s) of the above-named property, hereby guarantee payment of bills for the service requested, hereinafter called "Service." I/We understand that I/we may assign the payment of such Service to a lease holder of the property, but that this does not relieve me/us of the responsibility for payment in the event of non-payment by a lease holder. I/We understand that a delinquent Service account will be disconnected for non-payment and will not be restored until all past due balances, including the disconnect/reconnect fee, are paid in full. I/We agree to comply with all Service-related rules and regulations as adopted by the Village of Swanton.*

Service should be turned on/move-in reading done at this property on \_\_\_\_\_

Check if applicable:  This address will be a rental property and I/we authorize lease holder(s) to put service in their name(s) \*  
 Please email copy of utility bill to landlord

*\*Separate lease holder service application/contract required. Lease holder may NOT have delinquent utility and/or Village of Swanton Income Tax accounts in order to establish service in their name(s) as per the Village of Swanton Codified Ordinance § 52.07.*

Service bills should be mailed to:  Service address above  Other: \_\_\_\_\_  
\_\_\_\_\_

I/We certify the above information to be true and correct and agree to the terms of this contract.

\_\_\_\_\_  
Applicant 1 Signature

\_\_\_\_\_  
Applicant 2 Signature

### OFFICE USE ONLY

Verified: Ownership \_\_\_\_\_ Photo ID \_\_\_\_\_ Clerk \_\_\_\_\_ Date \_\_\_\_\_

Municipality \_\_\_\_\_

**Business Type**

- Corporation
- S-Corp
- LLC
- Partnership
- Non-Profit
- Estate & Trust
- Sole Proprietor / LLC

**Reason for Registration**

- Courtesy withholding for an employee's resident municipality
- Doing business within the municipality this year (temporary)  
Approx. # of days \_\_\_\_\_ Start Date \_\_\_\_\_
- Business with a fixed location  
Date business began at this location \_\_\_\_\_

**Company Information (List physical address of work performed within this municipality)**

Name: _____	Federal ID #: _____
Address: _____	SSN : _____ <small>(required if sole proprietorship)</small>
City/State/Zip: _____	
Mailing Address (for withholding tax forms / if different from above) _____ _____	Mailing Address (for net profit tax forms / if different from above) _____ _____

**\*Please note that your Federal Identification Number will serve as your RITA account number.**

**Filing Status:**

- Calendar year
- Fiscal year / month ending \_\_\_\_\_

Do you have any employees?  Yes  No

Number of employees at RITA location \_\_\_\_\_

My withholding is filed under a 3rd party account (PEO or common paymaster)  Yes  No  
If yes, list Federal ID # \_\_\_\_\_

Monthly gross payroll at RITA location \$ \_\_\_\_\_

I am a small employer (under \$500,000 in gross revenue during previous year)  Yes  No

**Contractors**

I am a contractor  Yes  No

Will you be using sub-contractors?  Yes  No

If yes, complete page 2.

Total contract amount of the project \$ \_\_\_\_\_

The Information Hereby Submitted is True and Correct.

\_\_\_\_\_  
Print Name Title Phone Number

\_\_\_\_\_  
Signature Date

Please complete and sign this Registration Form and return within 10 business days. Please be advised that failure to timely register with RITA may result in delays in the processing of any required income tax filings or may result in future penalty and interest charges, if applicable. If you have any questions please contact the Registration Department at the number below.

<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
*If more space is needed, you may attach a separate schedule that includes <b>ALL</b> of the required information listed above.		