

# — 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

### ★ LEASE HOLDER ★

Date \_\_\_\_\_

Service Address \_\_\_\_\_ INSIDE: \$100 OUTSIDE: \$150

Lease Holder 1 \_\_\_\_\_ SSN: \_\_\_\_\_

Lease Holder 2 \_\_\_\_\_ SSN: \_\_\_\_\_

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

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

I/We, the lease holder(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 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 further understand that service may not be established in my/our name if there are delinquent utility and/or Village of Swanton Municipal Income Tax accounts as per the Village of Swanton Codified Ordinance § 52.07. 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 \_\_\_\_\_

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

Landlord: \_\_\_\_\_

Print Name

Signature

Address (not above property address)

City, State, Zip

Primary Email

Primary Phone

Lease Holder 1: \_\_\_\_\_

Print Name

Signature

Lease Holder 2: \_\_\_\_\_

Print Name

Signature

Please email copy of utility bill to landlord

### OFFICE USE ONLY

Verified: Lease Holders \_\_\_\_\_ Photo ID \_\_\_\_\_ Clerk \_\_\_\_\_ Date \_\_\_\_\_ Paid by: \_\_\_\_\_

**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_