

— 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

A few key points regarding your Utility Bill.

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

★ RESIDENTIAL PURCHASE ★

Date _____

Service Address _____

Applicant 1 _____ SSN: _____

Applicant 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 service account will receive a flat MONTHLY bill (due the 15th 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 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 _____

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: ____ / ____ / ____