

Village of West Lafayette – Utility Department
113 East Railroad Street
P.O. Box 175
West Lafayette, Ohio 43845
740-545-7834 Fax 740 545-5430

DEPOSIT TRANSFER AUTHORIZATION

Account No.: _____

Service Location: _____

Deposit on Account: 100.00

Deposit Paid By: _____

By signing below I, _____ agree to allow my water deposit to be transferred to the account of my landlord for the remainder of my residence at ~SADDR and upon vacating that residence the deposit will be applied to any and all outstanding balances on that account. I also agree to provide the Village of West Lafayette Utility Department with a forwarding address in the event that after satisfying the outstanding account balance any surplus of the deposit may be refunded to me. In the event I do not provide a forwarding address any surplus of the deposit will be refunded to the property owner.

Tenant Signature: _____ Date: _____

Landlord Signature: _____ Date: _____

DIRECT BILLING AUTHORIZATION

By signing below I, _____, being the owner of the above listed property do authorize the Village of West Lafayette Utility Department to send the utility bill directly to ~FNAME the current tenant at the ~SADDR and acknowledge that I will only be notified if the above account becomes delinquent to the point of scheduled termination. I also acknowledge that any balance left on the account, if not paid by the renter will be my responsibility.

Property Owners Signature: _____ Date: _____