

ELYRIA PUBLIC UTILITIES

131 COURT STREET • ELYRIA, OH 44035
440.326.1570

AUTOMATIC BILL PAYMENT APPLICATION

RETURN THIS COMPLETED APPLICATION, ALONG WITH A VOIDED CHECK, TO ELYRIA PUBLIC UTILITIES

NAME ON UTILITY ACCOUNT
UTILITY ACCOUNT NUMBER
SERVICE ADDRESS
CITY, STATE, ZIP
PHONE

FINANCIAL INSTITUTION
NAME ON BANK ACCOUNT
PLEASE CIRCLE ACCOUNT TYPE CHECKING SAVINGS
BANK ACCOUNT NUMBER

I AUTHORIZE ELYRIA PUBLIC UTILITIES TO INSTRUCT MY FINANCIAL INSTITUTION TO DEDUCT UTILITY PAYMENTS FROM THE ACCOUNT LISTED ABOVE. I ACKNOWLEDGE THAT I CONTROL PAYMENTS MADE FROM THIS ACCOUNT, AND THAT IF I DECIDE TO DISCONTINUE THIS AUTOMATIC PAYMENT SERVICE, I WILL NOTIFY ELYRIA PUBLIC UTILITIES.

SIGNATURE _____ DATE _____

PRINT NAME _____