

Amherst Municipal Utilities

**480 Park Avenue
P O Box 470
Amherst, Ohio 44001-0470**

**440-988-4224
440-988-3763
440-988-3956
Fax: 440-988-3118**

Automated Bill Payment Enrollment for Amherst Municipal Utilities

Name (as shown on your bill) _____

Account Number _____

Service Address _____

City/State/Zip _____

Daytime Phone # _____

Your account will be debited on the 10TH of each month. If the 10th of the month falls is on Saturday, Sunday, or holiday, your account will be debited the next banking business day. If there are any changes in your banking information, you must notify the utilities office immediately. Debits are transmitted to the bank 3 days prior the actual deduction date. Once the file is transmitted to the bank, changes CANNOT be made.

Your account will not be debited the first month. Our bank requires us to send a test. The second month, your bill will read "Bank draft memo. Do not remit." When you see that on your bill, your payment will be deducted.

Please deduct my Automated Bill Payment from my account:

Financial institution name (Please print) _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

I authorize Amherst Municipal Utilities to deduct my utilities payment from the account listed above. I understand that if I decide to discontinue this payment plan, I will notify Amherst Municipal Utilities in writing.

Signature _____

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS.

--A voided check must be attached to this form for verification of all financial institution information.