

Amherst Municipal Utilities

480 Park Avenue

P.O. Box 470

Amherst, OH 44001-0470

Phone: (440) 988-4224 Fax: (440) 988-3118

Automated Bill Payment Enrollment for Amherst Municipal Utilities

Name (as shown on your bill) _____

Account Number _____

Service Address _____

Daytime Phone # _____

PLEASE NOTE:

The bill you receive next month will have an annotation on the left side stating "PAY THIS BILL". All accounts must be "Pre-Noted" NO EXCEPTIONS as of 2-21-2012

Your account will be debited on the 10th of each month. If the 10th falls on a 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 to the actual deduction. After transmission to the bank changes cannot be made.

Please deduct my Automated Bill Payment from my account:

Financial Institution Name (Please print) _____

Account at Financial Institution _____

Financial Institution Routing/Transit Number _____

Financial Institution City and State _____

I authorize Amherst Municipal Utilities to deduct my utilities payment from the account listed above. I understand that if I decide to discontinue the payment plan, I will notify Amherst Municipal Utilities by going into the Utilities Office located at 480 Park Avenue to sign the discontinuance form.

Signature _____

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS

A check that is marked "VOID" must be attached to this form for verification of all financial institution information.