AUTOMATED BILL PAYMENT APPPLICATION
LORAIN UTILITIES DEPARTMENT
1106 FIRST ST LORAIN OH 44052
440 204 2500

Account #: _____ Customer #: _____

Please read carefully. Complete **APPROPRIATE** sections and return this form.

I authorize the Lorain Utilities Department to make my utility payments from the credit card or checking account listed below. This authorization is to remain in full force and effect until the Lorain Utilities Department has received written notification from me**. (I UNDERSTAND THE LORAIN UTILITIES DEPARTMENT NEEDS 30 DAYS NOTICE PRIOR TO TERMINATION to allow time as to afford the Lorain Utilities Department and Depository opportunity to act on it).** In the case of a credit card, this process will end as of the current expiration date. Return items and declined cards will incur a service fee, currently $30 but subject to change.

**PLEASE PRINT:**

Name (must be as appears on bill):_____

Service Address: _____ Phone: _____

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To be filled out if requesting automatic payment from credit card

Name on card: _____

Mailing address of name on card: _____

City: _____ST: _____ZIP: _____

Card Number:

____-____-____-____//____-____-____-____//____-____-____-____//____-____-____-____

Expiration Date

____-_____//_____-_____ **WE ONLY ACCEPT VISA AND MASTERCARD.**

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To be filled out if requesting automatic payment from checking or savings account

Your banking information (Bank, Savings & Loan, Credit Union, etc)

Financial Institution: _____

Bank Account #: _____ Checking_____Savings _____

**This application CAN NOT be processed without a voided check**. Please allow 4-6 weeks for processing.

Signature: _____ Date: _____