

AUTOMATED BILL PAYMENT APPPLICATION
CITY OF LORAIN UTILITIES DEPARTMENT
1106 FIRST ST LORAIN, OH 44052
Phone: 440 204 2500 ♦ Fax: 440-204-2551

Water/Sewer Account #: _____

PLEASE READ CAREFULLY

Complete **APPROPRIATE** Sections and Return This Form.

- I authorize the City of Lorain Utilities Department to make my utility payments from the checking/savings account specified below. This authorization is to remain in full force and effect until the City of Lorain Utilities Department has received notification via email or written letter from me.
- **I UNDERSTAND THE CITY OF LORAIN UTILITIES DEPARTMENT NEEDS THIRTY (30) DAYS NOTICE PRIOR TO TERMINATION OF AUTOMATED BILL PAYMENTS.** This is to allow time for the City of Lorain Utilities Department and Depository the opportunity to act.
- *Return items will incur a service fee of \$30, this is subject to change.*

PLEASE PRINT:

Name (as appears on bill): _____

Service Address: _____ Phone: _____

Financial Institution: _____

Routing #: _____

Account #: _____

Please indicate type of Account: Checking _____; Savings _____

This application CAN NOT be processed without a voided check and picture ID.

Please allow 4-6 weeks for processing.

Signature: _____ Date: _____

For Office Use Only

Financial Bookkeeper

Picture ID