## **ELYRIA PUBLIC UTILITIES**

**AUTOMATIC BILL PAYMENT APPLICATION** 

## **STORMWATER**

131 COURT STREET ● ELYRIA, OH 44035 440.326.1570

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

NAME ON STORMWATER ACCOUNT	FINANCIAL INSTITUTION
STORMWATER ACCOUNT NUMBER	NAME ON BANK ACCOUNT
SERVICE ADDRESS	PLEASE CIRCLE CHECKING SAVINGS
CITY, STATE, ZIP	BANK ACCOUNT NUMBER
PHONE	
I AUTHORIZE ELYRIA PUBLIC UTILITIES TO INSTRUCT MY FINANCIAL INSTITUTION TO DEDUCT STORMWATER 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	