



Automatic Withdrawal Authorization Form

The Automatic Withdrawal Plan allows the full amount of your combined billing to be withdrawn from your checking or savings account on the due date, or the date you specify. You will receive a monthly statement as usual with a notation about the automatic payment. Upon receipt of this authorization form your billing will be set up for automatic withdrawal. The withdrawal date will be the date the bill is due unless a designated due date is requested below.

Customer Name _____ **OMU Account #** _____

Address _____

I hereby request and authorize Owensboro Municipal Utilities to initiate charges to my checking or share draft account, which is identified below. I also authorize the listed financial institution to make the requested payments in accordance with the OMU Automatic Withdrawal Plan. This authorization will remain in effect until Owensboro Municipal Utilities has received written notification from me and has had a reasonable opportunity to act upon it.

I further agree that if any such withdrawal is dishonored, whether with or without cause, and whether intentionally or inadvertently, OMU shall be under no liability whatsoever, even though such dishonor may result in the disconnection of services.

Designated Due Date

Only if necessary, please write in the day of the month requested: _____

Please Note: By choosing a designated due date, it is possible to have two bills become due on the same date depending on the billing cycle. Also, all of your accounts must have the same designated due date if one is chosen. OMU will contact you if this date cannot be accommodated.

(Please Print)

Name (as shown on financial institution records): _____

Address: _____ **Phone #:** _____

Bank Name: _____ **Bank Routing # (9 digits):** _____

Checking Acct. #: _____ **(or) Savings Acct. #:** _____

Bank Account Holder Signature: _____ **Date:** _____

Please furnish the information needed below and return this form along with a voided check to the Customer Service Center at 2070 Tamarack Road or mail to:

Owensboro Municipal Utilities
P.O. Box 806
Owensboro, KY 42302-0806

FOR OFFICE USE ONLY

OMU Acct # _____

Setup by (Initials) _____ Ck'd By (Initials) _____

Date _____ Location # _____

Zone _____