Owensboro Municipal Utilities

PO Box 806 2070 Tamarack Rd. Owensboro KY 42302 (270) 926-3200 • Fax: (270) 684-7952



CUSTOMER NAME:					
ADDRESS:			_		
OMU ACCOUNT #:					
	Automati	c Withdrawal Auth	orization F	orm	
The Automatic Without checking or savings as usual with a notativill be set up for a designated due date	account on the due tion about the auto utomatic withdrawa	e date, or the date yo matic payment. Upo al. The withdrawal c	u specify. Yo n receipt of t	u will receive a mo	nthly statement orm your billing
Please furnish the inf Customer Service Ce 42302-0806					
I hereby request and draft account, which payments in accorda until Owensboro Mu opportunity to act up I further agree that intentionally or inadv result in the disconne	is identified below. Ince with the OMU nicipal Utilities has on it. if any such withdra ertently, OMU shall	I also authorize the li Automatic Withdraw received written no awal is dishonored,	sted financia val Plan. This otification from whether with	I institution to make authorization will me me and has had	e the requested remain in effect d a reasonable e, and whether
(Please Print) Name (as shown on f		records):			
Address:		Phone	#:		
Bank Name:		Bank Routing #	f (9 digits):		
Checking Acct. #:		(or) Savings A	cct. #:		
Bank Account Holder Signature: Date:					
Designated Due Date ***PLEASE NOTE*** E same date depending one is chosen. (OMU v	By choosing a design on the billing cycle.	nated due date, it is Also, all of your acco	possible to ounts must ha	have two bills beco	ome due on the
For office use only:					
Customer #	Setup by (initials)	Ck'd by (initials)	<u>Date</u>	Location #	Zone