



**Utility Customer Auto Payment — Ferdinand Utility Authorization Form**

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Ferdinand Utility Account Number: \_\_\_\_\_

Name of Bank: \_\_\_\_\_  Savings  Checking (Please check one.)

Bank Account Number: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_

I, \_\_\_\_\_ authorize Ferdinand Municipal Utilities to draw monthly bank drafts on my bank account (shown above) for the payment of my monthly utility bill. I understand that I may discontinue my participation in Utility Customer Auto Payment by notifying the Ferdinand Municipal Utility in writing. Both Ferdinand Municipal Utilities and the bank terminate this agreement within ten (10) days by written notice. I understand that the Ferdinand Municipal Utilities reserves the right to limit participation in Auto payment to customers whose accounts are in good standing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a check marked "VOID." Your bill will indicate when your payment will be made automatically by displaying the message "DIRECT WITHDRAWAL — NO BILL." Please allow one or two billing periods for the plan to be implemented. Automatic bank draft will occur on the 5th of each month.

*Please mail form to:  
Ferdinand Municipal Utilities  
PO Box 7  
Ferdinand, IN 47532-0007*

*Or*

*Please bring the form by the Town/Utility Office at 2065 Main Street between the hours of 7:30 a.m. and 4:30 p.m. Monday through Friday or drop the form in the night depository after office hours.*