

St. Clairsville Municipal Utilities

Box 537
St. Clairsville, Ohio 43950-0537
(740) 695-1410
Fax: (740) 695-4069
e-mail – stcutility@stclairsville.com

APPLICATION FOR DIRECT PAYMENT

Utility Information:

Account Number: _____

Name: _____

Address: _____

City: _____

State & Zip: _____

Daytime Phone: _____

Service Address: _____

Bank Information:

Bank Name: _____

Address: _____

Bank Phone Number: _____

Routing Number: _____

Account Number: _____

Please Circle: Checking Savings

(If different from residence)

Customer Agreement:

I, _____, hereby authorize St. Clairsville Municipal Utilities to automatically deduct my monthly utility bill for the above service address electronically from the above bank account. If possible, I have submitted a deposit slip from the account to assure correct bank information. It is my responsibility to notify the utility office at (740) 695-1410 should I wish to discontinue this service. ACH payment will be discontinued upon notice of any nonsufficient funds.

Signature: _____

Date: _____