

St. Clairsville Municipal Utilities

PO Box 537
100 North Market Street
St. Clairsville, Ohio 43950-0537
Phone: (740) 695-1410
Fax: (740) 695-6931
Email: stcutility@stclairsville.com

APPLICATION FOR DIRECT PAYMENT

Utility Information:

Account Number: _____

Name: _____

Mailing Address: _____

City: _____

State and Zip: _____

Day/Cell Phone: _____

Service Address (if different from residence): _____

Email Address: _____

Bank Information:

Bank Name: _____

Address: _____

Bank Phone Number: _____

Routing Number: _____

Account Number: _____

Please circle one: Checking Savings

Customer Agreement:

I, _____, hereby authorize St. Clairsville Municipal Utilities to automatically deduct my monthly utility bill for the above service address(s) electronically from the above bank account. If possible, I have submitted a deposit slip from the account to assure correct banking information. It is my responsibility to notify the Municipal Utilities Office at (740) 695-1410 should I wish to discontinue this service. ACH payment will be discontinued upon notice of any nonsufficient funds. A charge of \$35.00 per ACH Return will be assessed to the customer's account.

Signature: _____

Date: _____