St. Clairsville Municipal Utilities

Box 537
St. Clairsville, Ohio 43950-0537
(740) 695-1410
Fax: (740) 695-6931
e-mail – stcutility@stclairsville.com

APPLICATION FOR DIRECT PAYMENT

Utility Information:

Account Number:_____

Name:_____

Mailing Address:_____

City:_____

State & Zip:_____

Day/Cell Phone :_____

Bank Information:

Bank Name:_____

Address:_____

Bank Phone Number: _____

Routing Number:_____

Account Number:_____

Please Circle: Checking Savings

Service Address: _____

Email Address: _____

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. I have attached a voided check 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 ACH return items.***.

I understand that Invoice Cloud Online payments will be restricted while enrolled in the ACH Payment Program with the City of St Clairsville.

Date:_____

Signature: _____