



City of Ashland
Finance Department
P.O. Box 1839
Ashland, KY 41105-1839
(606) 327-2018

City of Ashland Bank Account Debit For Utility Bills
(Please Print Legibly)

Name: _____ Bank Name: _____
Service Address: _____ Bank Address: _____
Mailing Address: _____ Bank Phone Number: _____
Phone Number: _____ Checking or Savings: _____
Customer ID: _____ Bank Account Number: _____
Location ID: _____ Bank Routing Number: _____

Authorization Agreement

I hereby authorize the City of Ashland and the financial institution designated in this application to debit the account I have specified for payment of my monthly service. I understand that a fee will be charged to my utility account for each request returned for non-sufficient funds. In addition, I understand that both the financial institution and the City of Ashland reserve the right to terminate this payment plan and/or my participation. I may elect to discontinue my enrollment in this plan by providing adequate written notice to the City of Ashland, P.O. Box 1839, Ashland, KY 41105-1839. Any changes to the information included in this form must be made by the primary account holder or authorized representative to the City of Ashland immediately for this payment plan to continue uninterrupted.

Signature

Date

Please enclose a voided check or deposit slip with application.

FOR INTERNAL USE ONLY

Received / Entered By

Date