



City of Lorain

AUTOMATED BILL PAYMENT APPLICATION

Account #: _____

Please read carefully. Complete **APPROPRIATE** sections and return this form.

I authorize the Lorain Utilities Department to make my utility payments from the checking account listed below. This authorization is to remain in full force and effect until the Lorain Utilities Department has received written notification from me. **(I UNDERSTAND THE LORAIN UTILITIES DEPARTMENT NEEDS 30 DAYS NOTICE PRIOR TO TERMINATION to allow time as to afford the Lorain Utilities Department and Depository opportunity to act on it).**

Return items will incur a service fee, currently \$30, but subject to change.

PLEASE PRINT:

Name (must be as appears on bill): _____

Service Address: _____ Phone: _____

Your banking information (Bank, Savings & Loan, Credit Union, etc.)

Financial Institution: _____

Bank Account #: _____ Checking _____ Savings _____

This application CAN NOT be processed without a voided check. Please allow 4-6 weeks for processing.

Signature: _____ Date: _____

IT Manager _____

Data Entry _____

Utilities Department

1106 West First Street, Lorain, Ohio 44052
www.cityoflorain.org

440.204.2500