

Automatic Withdrawal Authorization Form

The Automatic Withdrawal Plan allows the full amount of your combined billing to be withdrawn from your checking account on the due date, or the date you specify. You will receive a monthly statement as usual with a notation about the automatic payment. Upon receipt of this authorization form your billing will be set up for automatic withdrawal.

Please furnish the information needed below and return this form along with a **voided check to:**

Owensboro Municipal Utilities
P. O. Box 806
Owensboro, KY 42302-0806

Date _____

I hereby request and authorize Owensboro Municipal Utilities to initiate charges to my checking or share draft account, which is identified below. I also authorize the listed financial institution to make the requested payments in accordance with the OMU Automatic Withdrawal Plan. This authorization will remain in effect until Owensboro Municipal Utilities has received written notification from me and has had a reasonable opportunity to act upon it.

I further agree that if any such check is dishonored, whether with or without cause, and whether intentionally or inadvertently, OMU shall be under no liability whatsoever, even though such dishonor results in the forfeiture of membership.

(Please Print)

Name as shown on financial institution records

Service Address _____

Home Phone Number _____

Checking Acct. No. _____ Savings Acct. No. _____

Name of Financial Institution _____

Street Address of Institution _____

City _____ State _____ Zip Code _____

Customer Signature _____

Requested Withdrawal Date _____

OMU ACCT. # _____

(If a specific date is needed)