



Electronic Funds Transfer (Auto Pay) Enrollment Form

Name: _____

Service Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Fairfield County Utilities Account Number: _____

Fairfield County Utilities Customer ID: _____

Bank Name / Branch: _____

Name(s) on bank account: _____

***All parties listed on bank account must sign this application. ***

Bank Account Number: _____

Routing / Transit Number: _____

(first 9 digits at the bottom left corner of your personal check)

Notice of your enrollment in Electronic Funds Transfer (Auto Pay) will appear on your bill within one billing period. Please continue to make payments until a notice appears on your billing statement. Please be aware your bank statement will show the auto-draft listed as UBEFT and will be drafted within three business days of the bill due date. I hereby authorize Fairfield County Utilities, and the financial institution designated on this application to charge the account specified for payment for my Fairfield County Utilities bill. I understand that I have the right to stop payment by notifying Fairfield County Utilities in writing within 14 days before a bill is to be auto drafted from my account. I understand that for each payment returned a fee of \$30.00 will be charged to my account. If two payment requests are returned for any reason, I will be removed from the program. I (we) understand that Fairfield County Utilities is not responsible for overdraft charges assessed by the applicant's financial institution. In addition, I understand that both Fairfield County Utilities and my financial institution reserve the right to terminate my participation in this plan at any time.

Signature: _____

Date: _____

Signature #2: _____

Date: _____

****Please Note: An attached voided check or Financial Institution EFT letter is required for submission of application****

Please mail or deliver in person to our office the completed form and voided check / bank eft letter:

Fairfield County Utilities
6670 Lockville Road
Carroll, Ohio 43112

For questions regarding this form call: 740-652-7120

For Office Use: Entered by: _____ / _____ / _____
initials _____ date _____

Verified by: _____ / _____ / _____
initials _____ date _____