City of Ashland
Finance Department
P.O. Box 1839
Ashland, KY 41105-1839
customerservice@ashlandky.gov
(606) 385-3275

City of Ashland Bank Account Debit For Utility Bills

(Please Print Legibly)

Name:_____

Service Address:_____

_____

Mailing Address:_____

_____

Phone Number:_____

Account Number:_____

Bank Name:_____

Bank Address:_____

_____

Bank Phone Number:_____

Checking or Savings:_____

Bank Account Number:_____

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 with application.

FOR INTERNAL USE ONLY

_____ _____

Received / Entered By Date