

*****To be taken out on the 10th of each month!!**



Town of Ferdinand
2065 Main Street
FERDINAND, IN 47532-0007
Phone 812-367-2280
Fax 812-367-1303
E-mail: twnofferdinand@psci.net
www.ferdinandindiana.org

Utility Customer Auto Payment

Ferdinand Utility Authorization Form

Name: _____

Service Address: _____

Mailing Address: _____

Home Phone & Cell Phone: _____

Ferdinand Utility Account Number: _____ - _____ - _____

Name Of Bank: _____ Savings _____ OR Checking _____ (Please check one)

Bank Account Number: _____ Bank Routing Number: _____

I, _____, authorize Ferdinand Municipal Utilities to draw monthly bank drafts on my bank account (shown above for the payment of my monthly utility bill. I understand that I may discontinue my participation in Utility Customer Auto Payment by notifying the Ferdinand Municipal Utility in writing. Both Ferdinand Municipal Utilities and the bank terminate this agreement within ten (10) days by written notice. I understand that the Ferdinand Municipal Utilities reserves the right to limit participation in Auto payment to customers whose accounts are in good standing.

Signature: _____

Date: _____

Please attach a check marked "VOID" or we can make a copy of your check. Your bill will indicate that your payment will be made automatically by displaying the message "DIRECT WITHDRAWAL – NO BILL." Please allow one to two billing periods for the plan to be implemented. *If turned in by the 15th of the month, the amount will be taken out on the next month's billing.*

*Please mail form to :
Ferdinand Municipal Utilities
PO Box 7
Ferdinand, IN 47532-0007*

Or Please bring the form by the Town / Utility Office at 2065 Main St between the hours of 7:30 am to 4:30 pm Monday through Friday or put in an envelope with your name & address on the envelope and drop off in the night deposit after office hours.