

# CITY OF STEUBENVILLE UTILITES OFFICE

Thank you for your interest in the City of Steubenville Utilities Office Automatic Bill Payment.

Please provide the required information on the application. Mail the completed application along with a voided check to the address below. It may take 3 to 4 weeks for processing. Your signature will authorize the City of Steubenville to automatically deduct from your checking or savings account the amount your monthly water, sewer, and refuse bill. The deduction will be made on the due date of each bill.

**PLEASE CHECK WITH YOUR FINANCIAL INSTITUTION TO VERIFY ITS SPECIFIC REQUIREMENTS FOR AN ELECTRONIC FUNDS TRANSFER.**

After enrollment, a message will appear on your monthly bill indicating your payment is being made automatically. If you have any questions about your monthly charges, call the City of Steubenville Utilities office at (740) 283-6155.

Mail your voided check and completed application to the address below:

Steubenville Utilities Office  
P.O. Box 4700  
Steubenville, Ohio 43952

*or*

In person at:

Steubenville Utilities Office  
310 Market Street  
Steubenville, Ohio 43952

# CITY OF STEUBENVILLE AUTOMATIC BILL PAYMENT

Ten Digit Account Number – as shown on your water bill.

-       -

Name

Address

City

State

Zip

-

Yes, I authorize the City of Steubenville to deduct automatically the amount of my monthly water bill or bills from the bank account listed on my check. I understand my automatic payment will be deducted from my account of the due date of each bill. This authorization is to remain in effect until the City of Steubenville receives written notification of termination from me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please check with your financial institution to verify its specific requirements for an electronic funds transfer.*

Bank Name: \_\_\_\_\_

Nine Digit Bank Routing and Transit Number:

Type of Bank Account:

Checking *OR*  Savings

Bank Acct Number:

**\*\*\* PLEASE INCLUDE A VOIDED CHECK \*\*\***

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I authorize termination of automatic bill payment for the above account.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date