



Town of Ferdinand
2065 Main Street
P.O. Box 7
FERDINAND, IN 47532-0007
Phone 812-367-2280
Fax 812-367-1303
E-mail: twnofferferdinand@psci.net
www.ferdinandindiana.org

Utility Customer Auto Payment – Ferdinand Utility Authorization Form

Name: _____

Mailing Address: _____

Service Address: Same () OR Other: _____

Ferdinand Utility Account Number: _____ - _____ - _____

Home Phone: _____ Cell Phone: _____

Name of Bank: _____

Auto Draft Deducted from: Checking _____ OR Savings _____

Bank Account Number: _____

Bank Routing Number: _____

Start my draft with the bill due the 10th of _____, 20__.

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 will 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: _____

- Customers will receive a bill each month noting “Auto-Pay do not Pay”.
- On the 10th of the month the electronic transfer will be made.
- If the 10th is a weekend or holiday, withdrawal will be the following business day.

Please return the form with your next payment to: Ferdinand Municipal Utilities
PO Box 7
Ferdinand, IN 47532-0007

Thank you for your consideration.