



Ossian Municipal Utilities

507 N Jefferson
Ossian, IN 46777
P: (260) 622-4251
F: (260) 622-6250

**ACH Payment
Authorization
Form**

Date: _____

ACH Forms received by the 10th of the month allows enough time to process information for the current month's due date. Clerk will verify upon receipt of this form. Forms received after the 10th of the month will become active for the following month's due date.

Account Information

Account Holder Name: _____

Address of Services: _____

Service Acct #: _____

Phone #: _____ Email: _____

Financial Institution Information

Financial Institution: _____

City, State of closest Branch: _____

Financial Acct #: _____

Routing #: _____

() Checking Account

() Savings Account

This authority is to remain in full force and effect until Ossian Municipal Utilities has received notification from me(us) or our representative of its termination and in such manner as to afford the Town of Ossian and Financial Institution opportunity to act.

Signature: _____

Date: _____

Office Use:

Date was received from Resident: _____

() Window () Drop Box () Mail () Email

Upon Completion:

Clerk Initials: _____ Date: _____