



Sanitary Engineering Department

SEWER BILL AUTO-PAY ENROLLMENT FORM

Complete this form to have sewer payments deducted from your bank account



Parcel Number

Account Number

Name as shown on bill (last name first)

Daytime Phone Number

Property Address

Mailing Address (if different than mailing address)

City, State, Zip

Account Number (see example below)

Routing Number (see example below)

Checking **OR** Savings

Phone number of Financial Institution

Name of Financial Institution

Address of Financial Institution

I hereby authorize the Allen County Treasurer and the financial institution named above to initiate entries to my bank account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three (3) days before my account is charged.

I request that my sewer payments be deducted from my bank account each MONTH, beginning the month of _____, year 20____.

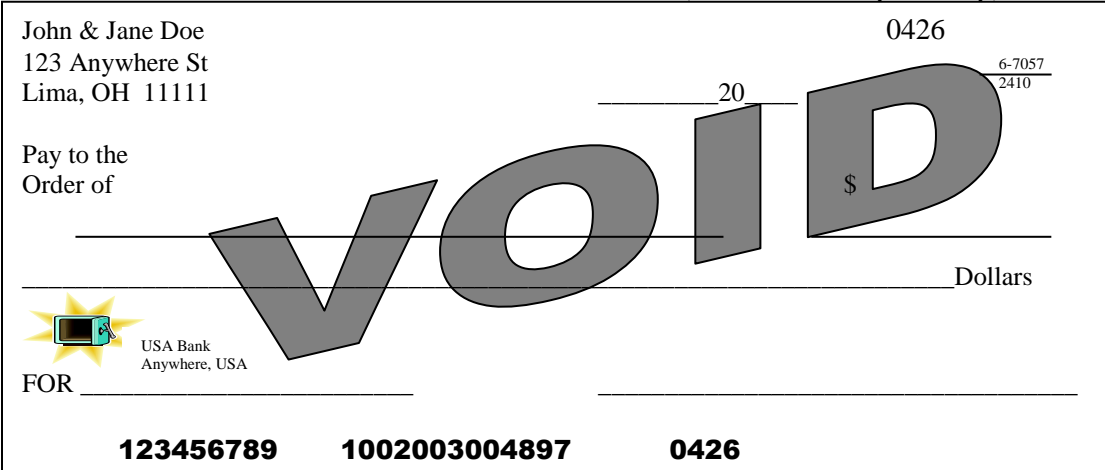
OR

I request that my sewer payments be deducted from my bank account each QUARTER in March, June, September, and December.

Signature

Date

PLEASE ATTACH VOIDED CHECK HERE: (do not send deposit slip)



RETURN SIGNED AGREEMENT AND VOIDED CHECK TO:

Sanitary Engineering
 Attn: Billing Dept
 3230 N. Cole St
 Lima, OH 45801
 or
 tammon@allencountyohio.com
 Fax 419-229-3297

Routing No

Checking Acct No