

QUARTERLY SEWER BILL ENROLLMENT FORM

Complete this form to have quarterly sewer bills deducted from your bank account.

Parcel Number

Account Number

Name as shown on bill

Daytime Phone Number

Mailing Address

City, State, Zip

Property Address (if different than mailing address)

Checking Account Number (see example below)

Routing Number (see example below)

Savings Account Number (do not attach voided check below)

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 payment 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)

John & Jane Doe
123 Anywhere St
Lima, OH 11111

0426

Pay to the Order of _____

20 ⁶⁻⁷⁰⁵⁷/₂₄₁₀

VOID \$ _____ Dollars

FOR _____

USA Bank Anywhere, USA

123456789 **1002003004897** **0426**

Routing No

Checking Acct No

RETURN SIGNED AGREEMENT AND VOIDED CHECK TO:

Sanitary Engineer
Attn: Billing Dept
3230 N. Cole St
Lima, OH 45801