AUTO-PAY ENROLLMENT FORM

(Please Print or Type)

Parcel Number	Daytime Phone Number
Name as shown on bill	
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 in This authority will remain in effect until I notify you in writing to reasonable opportunity to act on it. I can stop payment of any ent my account is charged.	
This authority will remain in effect until I notify you in writing to reasonable opportunity to act on it. I can stop payment of any ent	cancel it in such time as to afford the financial institution a
This authority will remain in effect until I notify you in writing to reasonable opportunity to act on it. I can stop payment of any ent my account is charged.	cancel it in such time as to afford the financial institution a ry by notifying my financial institution three (3) days before

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

