



# Sanitary Engineering Department

## SEWER BILL AUTO-PAY ENROLLMENT FORM

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



|  |                                       |
|--|---------------------------------------|
| Parcel Number  | <b>Account Number</b>                 |
| 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)    |
| <input type="checkbox"/> Checking <b>OR</b> <input type="checkbox"/> 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\_\_\_\_\_.

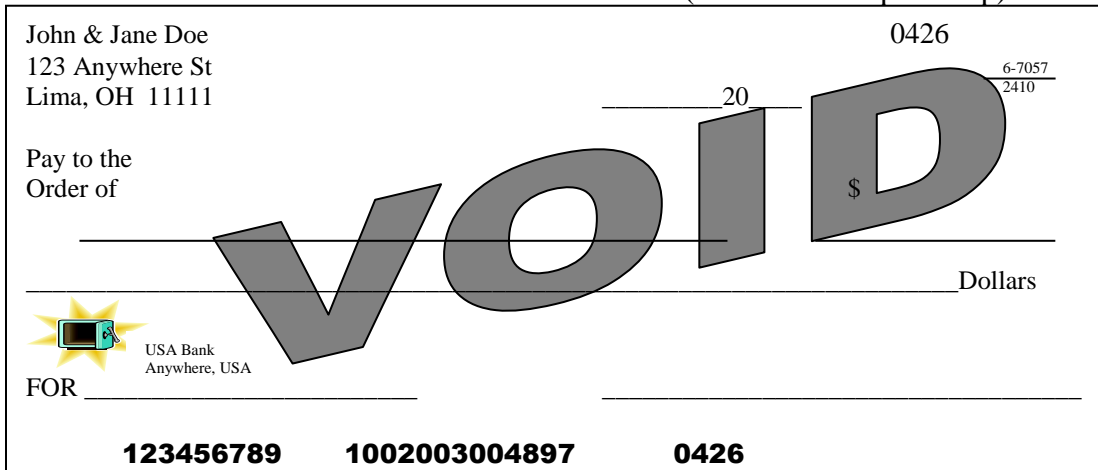
**OR**

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