

AUTOMATIC BILL PAYMENT ENROLLMENT FORM  
For Quarterly Sewer payments  
(Please Print)

(Name as shown on your bill)

Daytime Phone Number

(Address as shown on your bill)

(city)

(state)

(zip)

(Name of Financial Institution)

(Address of Financial Institution)

(Checking Account Number)

(Parcel Number from Sewer Bill)

I hereby authorize the Allen County Treasurer and the financial institution named above to initiate entries to my checking 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.

(Signature)

(Date)

**Be sure to enclose a voided check with this form.**

Mail application and voided check to:  
Allen County Sanitary Engineer  
Attn: Pat Fuqua  
204 N. Main, Suite 301  
Lima, OH 45801

*SEWQTR*

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