

MONTHLY SEWER BILL ENROLLMENT FORM

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

Parcel Number

Account Number

Name as shown on bill (last name first)

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 payments be deducted from my bank account each month, beginning the month of _____
for the _____ Quarter 20____.

(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 _____



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