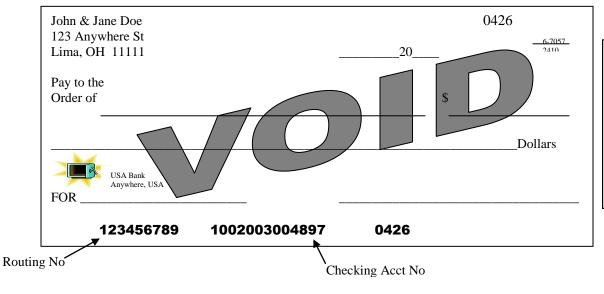
## QUARTERLY SEWER BILL ENROLLMENT FORM

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

Parcel Number	Account Number
Name as shown on bill (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 institut This authority will remain in effect until I notify you in writing to canc reasonable opportunity to act on it. I can stop payment of any entry by account is charged.	el it in such time as to afford the financial institution a
I request that my sewer payment be deducted from my bank account o	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 Engineer Attn: Billing Dept 3230 N. Cole St Lima, OH 45801