AUTOMATIC BILL PAYMENT ENROLLMENT FORM
For Quarterly Sewer Payments
(Please Print or Type)

_____ _____
Name as shown on bill Daytime Phone Number

_____ _____
Address as shown on bill City, State, Zip

Financial Institution:_____

Routing/Transit Number:_____

Checking Account Number:_____

Savings Account Number:_____

I (We) hereby authorize the Auglaize County Treasurer hereinafter called COMPANY, to initiate electronic entries to our consumer account.

Indicated above, and the Financial Institution named above to debit/credit the same to such account for payments, deposits or error corrections.

This authority is to remain in full force and effect until COMPANY has received written notification from us of its termination in such time and in such manner as to afford COMPANY and Financial Institution a reasonable opportunity to act upon it.

_____ _____
Authorized Signature Date

PLEASE COMPLETE THE FOLLOWING WITHDRAWAL OPTION
(If the 15th falls on a weekend or holiday the payment will be taken on the first following business day.)

(504) Quarterly Sewer payment to be deducted April 15, July 15, October 15 and January 15.

PLEASE ATTACH VOIDED CHECK HERE: