

AUTOMATIC PAYMENT PROGRAM

Please complete and return this form **(along with a voided check)** to:

Erie County
Division of Sewer & Water
P O BOX 549
Sandusky OH 44871-0549

CUSTOMER INFORMATION: (Please print or type)

Customer Name (as shown on bill): _____

Service Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Erie County Sewer and Water Account Number: _____

I authorize Erie County to instruct my bank/savings institution to make my utility payments from the account listed below. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify Erie County in writing.

Signature: _____ Date: _____

REQUIRED BANKING INFORMATION:

Financial Institution: _____

Bank Account Number: _____

Bank Routing Number: _____

Deduct from:

- Checking Account
- Savings Account