



CITY OF SAINT MARYS SEWER BILL COLLECTIONS DEPARTMENT

DIRECT PAY PLAN

SIMPLE PAY AUTHORIZATION FORM

CUSTOMER NAME: (AS IT APPEARS ON YOUR BILL) _____

SEWER BILL ACCOUNT NUMBER: (AS IT APPEARS ON YOUR BILL) _____

NAME OF FINANCIAL INSTITUTION _____

BANK ROUTING NUMBER _____

BANK ACCOUNT NUMBER _____

TYPE OF ACCOUNT (PLEASE CIRCLE)

CHECKING

SAVINGS

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

I authorize the City of Saint Marys and the Financial Institution designated in this application to withdraw sewer funds from my bank account. I understand that both the Financial Institution and the City of Saint Marys reserves the right to terminate this payment plan and/or my participation therein. I also understand that at any time I may elect to discontinue my enrollment in this plan by providing notice to the City of Saint Marys.

SIGNATURE _____

DATE _____

You must submit a voided check or deposit slip showing your bank account number