

Acct. # _____

Application for Sandusky Automatic Payment Program

Please complete and return this form (along with a voided check or deposit ticket) to **City of Sandusky** Customer Accounting Office, P O Box 5002, Sandusky, OH 44871-5002.

I authorize the City of Sandusky to instruct my bank/savings institution to process my utility payments from the accounts listed below. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify the City of Sandusky in writing.

Customer Information (Please Print)

Customer Name (as shown on bill) _____

Service Address: _____ Phone No. _____

Signature: _____ Date: _____

Required Banking Information: Type: Checking (28) Savings (38) ABA Routing # _____

Financial Institution: _____ Account Number _____