



Return by mail or fax, or email to:
CS@miamicountysed.com.

Automatic Bill Payment Authorization- Water and Sewer

Customer Information:

Name: _____

Address: _____

Utility Account Number: _____ * _____ * _____ Phone Number: _____

Bank Information:

Financial Institution: _____

Financial Institution Address: _____

Account Type (Check One): Checking _____ Savings _____

Routing Number: _____

Account Number: _____

I will receive a copy of each utility bill prior to my withdrawal and I understand that this authorization will be in effect until I notify the Miami County Sanitary Engineering Department in writing that I no longer desire this service, allowing reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

All changes of bank information are the responsibility of the customer.

By submitting this form I hereby authorize the Miami County Sanitary Engineering Department to automatically debit my checking/savings account indicated above at the financial institution named above.

Signature: _____ Date: _____

****Please include a voided check if deduction is coming from a checking account.****

***The deduction will occur on the 15th of the month, or the closest business day after that date.

***It will be noted on your bill when ACH deductions begin.

***A fee of \$35.00 will be assessed for all returned payments.