



APPLICATION FOR SANDUSKY AUTOMATIC PAYMENT PROGRAM

Acct. # _____

Please complete and return this form (along with a voided check or deposit ticket) to **City of Sandusky Customer Accounting Office**, 240 Columbus Avenue, Sandusky, OH 44870-2604.

I authorize the City of Sandusky to instruct my bank/savings institution to process charges on my billing statement 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

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 _____