

**AUTHORIZATION FORM
FOR
AUTOMATIC WITHDRAWAL
OF
CITY OF OSSIAN'S WATER/SEWER/GARBAGE BILL**

DATE: _____

CUSTOMER INFORMATION:

Name: _____

Address: _____

BANKING INFORMATION:

Name of Bank: _____

Bank Routing Number: _____

Checking or Savings Account Number: _____

* Please include a voided check with this form so bank numbers can be verified.

I hereby authorize and direct the City of Ossian to automatically withdraw from the above named checking or savings account my water/sewer/garbage bill. Said bill will be paid monthly on the 10th day of each month. The bill will be paid on the following Monday when the 10th day of the month falls on a Saturday or Sunday.

Customer Signature