

AUTOPAY CONSENT FORM

Name

Water/Sewer Acct #

Address

I hereby request that payments for the water/sewer account listed above be automatically paid through the bank and account listed below.

Bank Name

Bank Routing Number

Bank Account Number

___ Ckg ___ Savings

Printed Name

Signature

Printed Name

Signature

Date ____/____/____

This form must be submitted 14 days prior to preparation of your statement for autopay processing, otherwise processing will be delayed until the next payment.

Please return to: City of Cortland, 400 N. High St., Cortland, Ohio 44410