

The City of Tiffin would like to offer a convenient option for paying your sewer bill. You will still receive your bill by mail indicating the payment will be deducted from your account on the due date.

SEWER REVENUE DEPARTMENT

PO BOX 156
 TIFFIN, OH 44883-0156
 Phone: 419-448-5429
 Fax: 419-448-5406



AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

Name _____

Service Address _____

Phone# _____

Sewer Revenue Account # ____ * ____ * ____

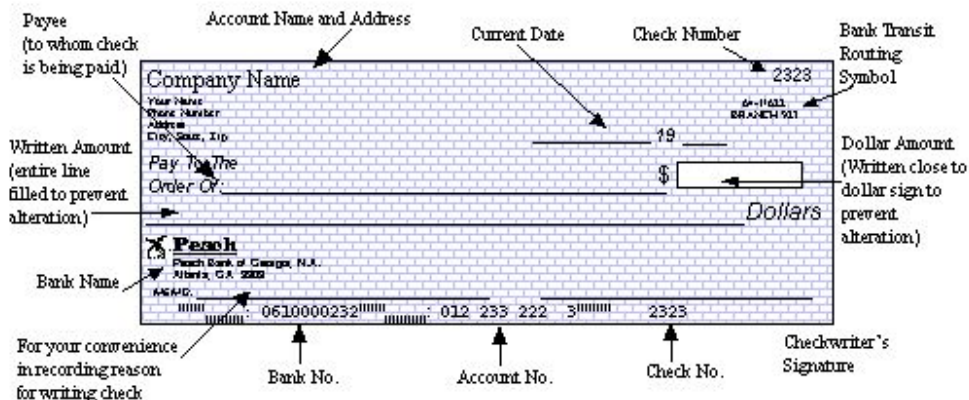
BANK INFORMATION

Bank Name _____

Bank # _____ (must be 9 digits)

Account # _____
 (This must be checking account #.)

Please attach a voided check.



I authorize The City of Tiffin to initiate debit entries to my bank account indicated above. This authority is to remain in effect until The City of Tiffin has received written notification from me of its termination with a reasonable amount of time to act on it.

Signature _____ Date _____