

OTTAWA COUNTY
SANITARY ENGINEERING DEPARTMENT

315 Madison Street, Room 105
Ottawa County Courthouse
Port Clinton, Ohio 43452

James K. Frey, P.E., P.S.

www.co.ottawa.oh.us/sanitaryengineer
Telephone: (419) 734-6725
Fax: (419) 734-6858

AUTHORIZATION FOR AUTOMATED BILL PAYMENT
PLEASE PRINT, COMPLETE, SIGN & RETURN

Date: _____ Phone: _____ Cell Phone: _____

Name: _____

Service Address: _____

Account Number: _____

AUTOMATED BILL PAY

I authorize the Ottawa County Sanitary Engineering Department to instruct my banking/savings institution to make my utility payments from the account listed below. I understand that I control my payments, and if at any time I decide to discontinue this payment service, I will notify, *in writing*, the Ottawa County Sanitary Engineering Department.

Please continue to pay until notification is made on your utility bill. **Please allow us 6 to 8 weeks.**

What type of bank account is this? **Checking** **Savings**

If this is a checking account, please include a voided check.

If this is a savings account, please include a deposit slip.

Signature: _____