



Sewer Automatic Payment Authorization Form

Customer Information

- Name: _____
- Service Address: _____
- Phone Number: _____
- Email Address: _____

Bank Account Information

- Bank Name: _____
- Routing Number: _____
- Account Number: _____
- Account Type: ☐ Checking ☐ Savings

Authorization Details

I authorize the **Town of Vonore** to initiate automatic withdrawals from the account listed above for my monthly sewer bill. Payments will be withdrawn each month.

I understand:

- This authorization will remain in effect until I provide written notice to cancel.
- I am responsible for ensuring sufficient funds are available in my account.
- Returned payments may result in additional fees.

Signature: _____

Date: _____

Office Use Only

- Account Number: _____
- Start Date: _____