

# ACH Automatic Withdrawal Form

Customer's Name \_\_\_\_\_

Property Address \_\_\_\_\_

Customer's Bank \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

By signing below I am authorizing the Knox County Water and Wastewater Department to charge my checking account for automatic bill payments.

Customer's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please fill out form completely and return with voided check.

Send To: Knox County Water and Wastewater Department  
17602 Coshocton Road  
Mount Vernon, Ohio 43050