

**Tuscarawas County Metropolitan Sewer District  
Automated Bill Payment Enrollment Form**

Please print or type all information

Customer Name _____
<b>CUSTOMER SERVICE ADDRESS</b>
Service Address _____
City, State, Zip _____
TCMSD Customer Account Number _____
<b>CUSTOMER MAILING ADDRESS (IF DIFFERENT FROM ABOVE)</b>
Mailing Address _____
City, State, Zip _____
Daytime Phone Number _____ (Area Code) Number
<b>PLEASE DEDUCT MY AUTOMATED BILL PAYMENT FROM THE FOLLOWING BANK ACCOUNT</b>
Name of Financial Institution _____
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Note: Enclose a **voided check** (for payments from checking accounts) or a **savings deposit slip** (for payments from savings accounts) along with this form and send to the address below. Save a copy of this form for your records.

I (we) hereby authorize the Tuscarawas County Metropolitan Sewer District to deduct payment for my (our) monthly sewer and/or water bill from the account listed above on the first of every month. I (we) understand that if I (we) decide to discontinue this payment method, I (we) must notify the Tuscarawas County Metropolitan Sewer District **IN WRITING** at the following address:

Tuscarawas County Metropolitan Sewer District  
Customer Billing  
9944 Wilkshire Boulevard NE  
Bolivar, OH 44612

**If joint bank account, both parties must sign:**

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_  
Joint Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_