| Please choose from the following Auto debit | options to receive or pay your bill: E-Bill Presentation | Both |
|--|---|--|
| | | |
| Bank Name | | |
| Bank Routing Number | Bank Account Number | |
| Service Address | Email Address | |
| TriCo Account Number I hereby authorize TriCo Regional Sewer Utility to initiate debit entries checking account, indicated above, and the bank to debit and/or cred email address above and I understand that I will no longer receive a | dit the same to such account. If choosing th | ne E-bill presentation, I authorize TriCo to send my bill to the |
| Signature | Printed Name | |
| | | |
| | | |
| | | |
| For security purposes, do not return your form via email, as it will not be encrypted. | | |
| | | |
| Once this form is completed, please print, sign and 7236 Mayflower Park Drive, Zionsville, IN 46077 o | | ou may mail it: TriCo Regional Sewer Utility, |

If you have any questions, please contact our office at (317) 844-9200.

TriCo Regional Sewer Utility - Formerly Clay Township Regional Waste District