

Municipal Service Auto- Pay Request

Town of DeMotte

112 Carnation St SE, DeMotte, IN 46310

219-987-3831

Please fill out the form to enroll in the auto-pay program.

A canceled check is required. Deposit slips will not be accepted.

Name: _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Account Address

(if different than above) _____

Bank Name _____

Bank Routing Number _____

Bank Account Number _____

Please circle one: Checking or Savings

This is a request and the necessary verification steps need to be taken in order to ensure that all my account information is correct. I understand that I am responsible for my municipal services account and will continue to pay the bill until the statement states **Automatic Withdrawal Do Not Pay**. This process can take up to two months to initiate.

Signed: _____ Date _____

Office Use Only

Date Received _____ Date Account Processed _____