

Town of Odon

Office of Clerk-Treasurer

109 South Spring Street

Odon, Indiana 47562

Date: _____

I hereby give the Town of Odon Utilities permission to withdraw funds electronically from by bank to pay my utility bill starting _____ (date).

Utility Customer Signature

Customer Name _____

Customer Address _____

Customer Phone Number _____

Bank Name & Number _____

Routing Number _____

Bank Account Number _____

Official Use only

Date received _____

Customer number _____

Location number _____

Date entered _____