



Please choose from the following options to receive or pay your bill:

Auto debit

E-Bill Presentation

Both

Bank Name

Bank Account Number

Bank Routing Number

Service Address

Email Address

CTRWD Account Number

Phone Number

Date

I hereby authorize Clay Township Regional Waste District to initiate debit entries and, if necessary, to initiate credit entries and adjustments for any debit entries in error in my checking account, indicated above, and the bank to debit and/or credit the same to such account. If choosing the E-bill presentation, I authorize CTRWD send my bill to the email address above and I understand that I will no longer receive a paper bill. E-bills will be sent as a PDF and I must have Adobe Acrobat Reader to view it.

Signature

Printed Name

Once this form is completed, please print, sign and return the form to our office. You may mail it: CTRWD 10701 N. College Ave, Suite A Indianapolis, IN 46280. You may fax the form to (317) 844-9203 or scan/email to kelly.ryan@ctrwd.org. If you have any questions, please contact our office at (317) 844-9200.