

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

• PLEASE PRINT CLEARLY •

I/we hereby authorize the City of Villa Grove, hereinafter referred to as CITY, to make debit entries to my/our account indicated below, and the Financial Institution named below, hereinafter called the FINANCIAL INSTITUTION, to debit same to such account. I/we acknowledge the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Financial Institution Name _____

Branch (if applicable) _____

Mailing Address _____

City/State/Zip Code _____

Indicate Type of Account: Checking _____ Savings _____

Routing/Transit Number _____ Account Number _____

This authorization is granted to CITY only for the purpose of monthly debit entries in the amount of the monthly utility bill(s) for the utility service located at the address(es) listed below, and only on the date specified on the utility bill which is to be mailed to CUSTOMER(S) at the beginning of same month. CUSTOMER agrees to contact CITY at least two business days prior to scheduled debit entry if amount of scheduled debit entry is in question.

Address(es) where utility service is located:

Customer mailing address (i.e. where current bills should continue to be mailed):

Street Address/P.O. Box

City/State/Zip Code

This authority is to remain in full force and effect until CITY has received written notification from CUSTOMER(S) of termination in such time and manner to afford CITY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Authorized by CUSTOMER(S) as below:

Printed Name

Printed Name

Social Security No.

Social Security No.

Signature

Date

Signature

Date

**ATTACH COPY OF VOIDED CHECK TO THIS FORM
(THIS IS A MANDATORY FEDERAL BANKING REQUIREMENT)**

(Rev 10-2004)

ACCOUNT NUMBER/SERVICE ID: _____