

Authorization Agreement for Direct Payment (ACH Debits)

Village of Carbon Cliff, Illinois

ORIGINATOR OF ACH ENTRIES ("COMPANY")

36-2755273

COMPANY'S ID

I hereby authorize the Village of Carbon Cliff, Illinois, hereinafter called COMPANY, to initiate debit entries to my designated account at the depository financial institution, hereinafter called DEPOSITORY, named below, and to debit the same to my account in payment of water, sewer and garbage services. The COMPANY can also initiate credit entries for credit to my account in the event the COMPANY determines a credit or correction ACH entry is due to me. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of Federal law governing these authorized ACH transactions.

DEPOSITORY NAME (PRINT OR TYPE)

BRANCH NAME (IF APPLICABLE)

DEPOSITORY STREET ADDRESS

CITY

STATE

ZIP CODE

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DEPOSITORY ROUTING NUMBER (9 DIGITS)

CUSTOMER ACCOUNT NUMBER AT DEPOSITORY

TITLE / NAME(S) ON ACCOUNT

CHECKING ACCOUNT

SAVINGS ACCOUNT

This Authorization is to remain in full force and effect until COMPANY has received written notification from me of its modification or termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on my written notice.

CUSTOMER NAME (PRINT OR TYPE)

CUSTOMER SIGNATURE

CUSTOMER STREET ADDRESS / MAILING ADDRESS

CITY

STATE

ZIP CODE

____ / ____ / ____
EFFECTIVE DATE

Send Completed form to: Village of Carbon Cliff – P.O. Box 426 – Carbon Cliff, IL 61239

CANCEL ACH AGREEMENT

CUSTOMER SIGNATURE

____ / ____ / ____
CANCELLATION EFFECTIVE DATE

**STAPLE A VOIDED
PERSONAL CHECK
HERE**