

Application and Contract for Bank Debits of Sewer Bill
Village of Strasburg
Please print information

Customer Name _____

Start Date _____

It is the Village's intention to draw payment from the account you provide on the due date each month. However, the transaction is subject to banking hours, including weekends and holidays, and could fluctuate up to 2 to 3 business days. For example, your bill is due July 15th and the 15th falls on Saturday or Sunday, your payment would be processed on Friday.

Utility Account Number _____

(Office will complete)

Service Address _____

Mailing Address _____

Daytime Phone Number _____

Cell Phone Number _____

Email _____

FINANCIAL INSTITUTION INFORMATION

Name of Financial Institution _____

Financial Institution Address _____

Street Address

City, State, Zip Code

Type of Account

_____ Checking _____ Savings

ABA Routing Number _____

Account Number _____

*I hereby authorize the Village of Strasburg to initiate monthly charges to my bank account, which is identified above.

*I also authorize the listed financial institution to make the monthly requested payment in accordance with this ACH plan.

*This authorization will remain in effect until the Village of Strasburg has received a completed Termination of Contract for Bank Debits of Sewer Bill, from the authorized parties to terminate this payment arrangement, and until the Village of Strasburg has a reasonable opportunity to act on that notification.

*I agree that I am obligated to the Village of Strasburg for sewer service and insufficient fund charges, in the event that a charge to my bank account is dishonored, for whatever reason, and that the Village of Strasburg retains its normal collection rights.

Customer Signature _____

Date _____

Return completed form to Village of Strasburg, P O Box 385, Strasburg IL 62465