

Village of Chapin

P.O. Box 213

Chapin, Illinois 62628

Telephone 217/472-3111

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)
VILLAGE OF CHAPIN - WATER/SEWER DEPARTMENT

CUSTOMER NAME(S) _____

SERVICE ADDRESS _____

WATER/SEWER ACCOUNT # _____

I (we) hereby authorize the Village of Chapin, hereinafter called VILLAGE, to initiate debit entries to my (our) Checking Savings account (select one) indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. The ACH debit transaction will take place the 20th of each month. If the 20th should fall on a weekend or holiday, the ACH debit transaction will take place on the next business day. The total showing due on current water/sewer bill will be ACH debit transaction amount. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME _____

DEPOSITORY ADDRESS _____

ROUTING NUMBER _____

ACCOUNT NUMBER _____

This authorization is to remain in full force and effect until VILLAGE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford VILLAGE and DEPOSITORY a reasonable opportunity to act on it.

DATE _____ SIGNATURE _____

Please attach a VOIDED CHECK for account verification purposes.