

AUTHORIZATION FORM

A DIRECT PAYMENT PROGRAM FROM
CITY OF EFFINGHAM
WATER & SEWER DEPARTMENTS

I (we) hereby authorize the City of Effingham, to make debit entries to my (our) account indicated below. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authority is to remain in full force and effect until the City of Effingham has received written notification from me (or either of us) of its termination in such time and manner as to afford City of Effingham and Effingham State Bank a reasonable opportunity to act on it. The City of Effingham will provide amount of debit 10 days prior to each debit cycle.

Name (Please Print):

Water Account Number:

Address:

City:

State:

Select One of the following::

New Authorization

Change in Account Information

Authorized Signature(s) for Account Listed Below:

Please take payment directly from my:

Checking Acct. (attach voided check)

Savings Acct. (deposit slip attached)

Account No.

Routing No. (no. between these symbols |: :|)

Financial Institution Name:

Financial Institution Phone No.:

Attach voided check or savings deposit slip

City of Effingham Water & Sewer Department
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Effingham, Il. 62401
217-342-2366