



## CITY OF ELMWOOD

201 West Main Street  
Elmwood, IL 61529

Tel: (309) 742-2351  
Fax: (309) 742-8224

### ACH Payment Plan (Direct Debit) for Utility Services

#### **Authorization Agreement**

You can use this form to initiate or change ACH banking information. Send this completed form to: City of Elmwood, Attn: City Clerk, 201 W. Main St., P.O. Box 439, Elmwood, Illinois 61529

Any questions as to when the automatic payments will begin should be directed to:  
Elmwood City Clerk: 309-742-2351

#### **CUSTOMER INFORMATION**

Name(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Utility Account Number: \_\_\_\_\_

#### **FINANCIAL INSTITUTION INFORMATION**

Financial Institution Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Holder Name(s): \_\_\_\_\_

Account Number: \_\_\_\_\_

Transit Routing Number: \_\_\_\_\_

(OVER)

Is this a Personal Account or a Business Account? (Check One)

PERSONAL

BUSINESS

Account Type (Check One):

CHECKING

SAVINGS

**AUTHORIZATION AND RELEASE**

I/We hereby authorize the City of Elmwood, an Illinois Municipal Corporation, hereinafter referred to as "CITY", to initiate debit entries to my/our Account as indicated above. I/We understand that automatic payment of my/our bill amount will be made on the bill's due date, which is the 15<sup>th</sup> day of each month, unless the 15<sup>th</sup> falls on a Saturday, Sunday or legal holiday, in which case, such payment will be made on the following business day. This authorization will take effect on the first billing cycle to occur after my/our authorization form is received and processed by CITY. This authority is to remain in full force and effect until I/we revoke the agreement by written notification to CITY in such time and manner to afford a reasonable opportunity to act upon the notice. I/We have the right to stop payment of a charge by notifying CITY Three (3) business days prior to the due date on my/our bill. I understand that both CITY and the financial institution named above reserve the right to terminate this agreement or my/our participation therein. A copy of this authorization will be provided upon request. I/We understand and agree that any fees charged by my/our financial institution for such debit entries or for insufficient funds are my/our responsibility and I/we release the CITY from any liability for charges incurred as a result of such debit entries or insufficient funds. I/We have read and agree to the terms of this direct debit payment plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_