



**UTILITY BILL DIRECT DEBIT PAYMENT APPLICATION AUTHORIZATION
AGREEMENT FOR PRE-AUTHORIZED PAYMENTS**

Utility Account #: _____

Name/Account Holder: _____

Address: _____

Phone #: _____

I hereby authorize the Village of Elwood and the financial institution designated to initiate debit entries to my checking or savings account (listed below) in the amount of my water/sewer/garbage bill for the above listed billing account number. I understand my electronic transfer of the billing amount will be made on the bill's due date. **The Village of Elwood does recommend that you verify with your financial institution that the appropriate debit has been made from your checking/savings account.**

Should you have any questions, please contact the Village of Elwood 815-423-5011.

Financial Institution: _____ City, State: _____

ABA/Routing #: _____ Account #: _____

Account Type: Checking _____ Savings _____

SAMPLE CHECK		Date: _____
Pay To The Order Of _____		\$ _____
		Dollars
Memo _____		
I: 123456789 :I 0123456789 :I 0101		
(routing #)	(account #)	(check #)

****Please Attach A Cancelled/Voided Check****

This agreement will remain in effect until the Village of Elwood and the financial institution designated have received written notification from account holder of termination in such time and in such manner as to afford the Village of Elwood and the financial institution designated a reasonable opportunity to act on it.

Name (please print): _____

Signed: _____ Date: _____