

CITY OF KEWANEE

401 East Third Street, Kewanee, Illinois 61443-2365

Phone 309-852-2611 Ext. 221/Fax 309-856-6001

AUTOMATIC BANK PAYMENT AUTHORIZATION

I (we) hereby authorize the City of Kewanee, hereinafter called CITY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for bi-monthly utility charges in the amount of \$Varies. The debit entries will be initiated bi-monthly to commence with the (date) _____ billing. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States law. I (we) acknowledge that any changes to my (our) account indicated below and/or financial institution named below must be reported to the City of Kewanee by the 15th of the month before the next utility billing is processed.

Financial Institution Name _____

Branch, if applicable _____

Address _____

City/State _____ Zip _____

Financial Institution Routing Number _____

Account Number _____

ID Code _____

Type of Account Checking _____ Savings _____

This authority is to remain in full force and effect until CITY has received written notification from me (or either of us) of its termination or the finalization of the utility account in such time and manner as to afford the CITY and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name _____

Signature _____

Print Individual Name _____

Signature _____

Service Address _____

Utility Account Number _____

Phone Number _____

Signature of City of Kewanee Representative _____

Date Sign by City Representative _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

**** A non-sufficient fund fee of \$30 will be added to all accounts that have insufficient funds to handle the direct debit on water bill payments! This also pertains to closed bank accounts!**