



ACH PAYMENT AUTHORIZATION FORM:

WATER CUSTOMER NAME: _____

ADDRESS: _____

PHONE: _____

WATER ACCOUNT#: _____

BANK INFORMATION: CHECK ONE

CHECKING _____ SAVINGS _____

*** OR ATTATCH A VOIDED CHECK***

BANK NAME: _____

BANK ABA (ROUTING) NUMBER: _____

BANK ACCOUNT NUMBER: _____

BANK ADDRESS: _____

BANK PHONE #: _____

THIS AUTHORITY FOR ACH PAYMENTS SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL THE CITY OF SAVOY RECEIVES WRITTEN NOTIFICATION OF YOUR INTENT TO TERMINATE IN SUCH TIME AND MANNER AS TO AFFORD THE CITY OF SAVOY A REASONABLE OPPORTUNITY TO RESPOND. PAYMENTS WILL BE PROCESSED THE 5TH OF EACH MONTH. IF THE 5TH FALLS ON A HOLIDAY/WEEKEND PAYMENT WILL BE PROCESSED ON THE NEXT BUSIONESS DAY.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____