



City of
Edwardsville
Third Oldest City in Illinois

Department of Finance
 Jeanne Wojcieszak, Director

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
 FOR WATER UTILITY BILL
 (ACH DEBITS)**

Company
 Name: City of Edwardsville

Company
 ID Number: 37-6001409

I (we) hereby authorize The City of Edwardsville hereinafter called COMPANY, to initiate debit entries to my (our) () Checking Account or () Savings Account (please select one) indicated below at the depository or Financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Please attach a **voided check** with this form.

Depository Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s): _____ Water Account #: _____
 Please Print Name

Address: _____

Date: _____ Signature: _____