AUTHORIZATION FOR PREAUTHORIZED PAYMENTS
CITY OF ANNA, ILLINOIS

I/We authorize the City of Anna to initiate debit entries to my/our account at the DEPOSITORY (identified below), for the purpose of paying the monthly City of Anna Utility Bill

☐ New Authorization ☐ Discontinue of Authorization

DEPOSITORY NAME:_____

BRANCH:_____ PHONE:_____

CITY:_____ STATE:_____ ZIP:_____

ROUTING NO.:_____ ACCOUNT NO.:_____

ATTACH A VOIDED CHECK TO AUTHORIZATION

ACCOUNT TYPE: CHECKING ☐

SAVINGS ☐

I/We understand that the full amount of my/our utility bill will be debited monthly from the above mentioned bank account on or before the due date and that written notification of the exact date the payment will post will be printed on my utility bill.

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We understand that this authorization will remain in full force and effect until the City of Anna has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the City of Anna and the Depository a reasonable opportunity to act on it.

NAME(S) (Print or Type) _____

CUSTOMER PHONE # S _____

SERVICE ADDRESS _____

CITY UTILITY BILL ACCOUNT NO._____

_____ _____

(Signature) (Date) (Signature) (Date)