VILLAGE OF NILWOOD

Authorization Agreement For Direct Payments (ACH Debits)

Use this form to start, stop or change a direct payment authorization.			
Type of Action:	Customer Name:		Billing Account # :
New (start) Change account	Mailing Address:		Phone # :
Cancel (stop)	Email:		
<u> </u>			
Consult the example below or have your bank or credit union help you fill out the next section.			
Bank or Credit Union Information			
Name of bank or credit union:		Routing # :*	
City / State / Zip		Account # :*	
Account Type: (check one) Checking Savings Name(s) as it appears on account:			
The second secon	s on check: # 1234567# 1001 1234567 Check#	an origina	ing accounts, include I check with the word D" written on it.
I (we) hereby authorize the Village of Nilwood, either directly or through its billing contractor, hereinafter called COMPANY, to initiate debit entries to my (our) checking/savings account at the depository financial institution named above, hereinafter called "Bank", and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions U.S. Law.			
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 BANK a reasonable opportunity to act on it.			
Date:	Signaturo		

NOTE: Debit authorizations MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization

Submit Form To: Otter Lake Water Commission, 6475 W Montgomery Rd, PO Box 468, Virden, IL 62690 If you have any questions, please call: (217) 965-1566

The ACH debit will be processed on the 14th of the month. If the 14th falls on a weekend or holiday the the ACH debit will be processed on the next business day, prior to billing or any late penalties.