

DIRECT DEBIT AUTHORIZATION FORM

Return this form with a voided  
check to:

City of Bunker Hill  
801 S. Franklin St.  
Bunker Hill, IL 62014

AUTHORIZATION AGREEMENT

Customer Name: \_\_\_\_\_ BHW Acct No: \_\_\_\_\_

Service Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

I hereby authorize the City of Bunker Hill to automatically withdraw from my checking account (identified below), the amount stated on my monthly statement for all water and sewer charges at the above service address. I authorize the FINANCIAL INSTITUTION named below to accept such withdrawals initiated by the City of Bunker Hill. Withdrawals shall be made from my checking account on or about the, (circle one) alternate dates not available at this time.

3<sup>rd</sup> of the month or 15<sup>th</sup> of the month

This authorization will remain in effect until the City of Bunker Hill has received written notification from me terminating this agreement. All written notifications will allow a 30 day termination period from the date of notification to afford the City of Bunker Hill and the Financial Institution named on the attached voided check a reasonable opportunity to act on my request.

I further understand and authorize that should any of the preauthorized debits made through this agreement be dishonored for non-sufficient funds (NSF) or any other reason, the amount due must be paid in full at the City of Bunker Hill within 10 business days after receiving notification by the City of Bunker Hill, along with a NSF/collection fee of \$25.00.

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Stmnt Credit: \_\_\_\_\_