

CITY OF CREST HILL

1610 Plainfield Road ◊ Crest Hill, IL 60403 ◊ (815) 741-5100

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT (ACH DEBITS)

Complete the form below and attach an unsigned and voided check from this account to assist in verifying data.

I (we) authorize the City of Crest Hill to initiate debit entries to my (our) checking account indicated below and the Institution named below to debit the same such account.

I (we) further authorize the City of Crest Hill to initiate credits to my (our) account to correct any errors, and the Institution named below to initiate any such corrections to my (our) account. I (we) understand that there will be a fee of 50 cents per transaction.

INSTITUTION NAME (Customer's Bank): _____

ADDRESS: _____ **PHONE NO:** _____

CITY _____ **STATE:** _____ **ZIP:** _____

TRANSIT/ABA NO: _____ **ACCOUNT NO:** _____

This authority is to remain in full force and effect until the City of Crest Hill and the institution named below 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 Crest Hill and the institution named below a reasonable opportunity to act on it prior to withdrawing from the account.

CUSTOMER SIGNATURE: _____

CUSTOMER NAME: _____ **DATE:** _____

ADDRESS: _____ **PHONE NO:** _____

CITY _____ **STATE:** _____ **ZIP:** _____

ATTACH VOIDED CHECK HERE
