



**City of Sycamore**  
 308 West State Street  
 Sycamore, IL 60178  
 Phone: (815) 895-4920 Fax: (815) 899-2054

**AUTHORIZATION AGREEMENT  
 DIRECT PAYMENTS (ACH DEBITS)**

Sycamore Utility Billing Account Information:

Account Holder's Name

Service Address

Sycamore U/B Account Number

Billing Address (if different from Service Address)

I (we) hereby authorize the CITY OF SYCAMORE, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transaction to my (our) account must comply with provisions of U.S. law.

Financial Institution Name

Branch

Address

City, State, Zip Code

Routing/Transit Number

Account Number

Account  Checking  
 Type:  Savings  
 (Check One)

**A.B.A Routing Numbers Example**

John Q. Public  
 123 Main Street  
 Your Town, USA 12345-6789

Date \_\_\_\_\_

Pay to the order of: \_\_\_\_\_

\_\_\_\_\_ DOLLARS

Memo \_\_\_\_\_

⑆000067894⑆ 23456789⑆ 0101

Routing/Transit Number      Account Number

Privacy Password

*This password will be necessary to make inquiries and/or changes to the account. You may select any password but please do not use a Social Security number.*

Password Reminder

*The reminder is a hint that will help you remember your password. If an inquiry is made, the City will offer the reminder to help you identify the passwprd.*

This authority is to remain in full force and effect until the CITY OF SYCAMORE has received written notification from me (or either of us) of its termination in such time manner as to afford the CITY OF SYCAMORE and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_  
Print Individual Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Individual Name (Joint Account)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Void Check	Please Attach	101
	Date _____	
Pay to the order _____	<b>VOID</b>	_____
	DOLLARS	<input type="text"/>
Check Here		
_____		_____

***PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM  
AND RETURN TO THE ADDRESS AT THE TOP.***

Office Use Only:

\_\_\_\_\_  
Date Request was Received

\_\_\_\_\_  
Date Entered

\_\_\_\_\_  
Entered By