



308 West State Street
Sycamore, Illinois 60178
P: 815-895-4920

**AUTHORIZATION AGREEMENT DIRECT DEBIT (ACH DEBIT)
PROPERTY OWNER ELIGIBLE ONLY**

City Of Sycamore Utility Billing Account Information:

Account Holder's Name

Service Address

Sycamore Utility Bill 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.

Routing Number

Financial Institution Name

Email Address

Account Number

Checking

Savings

(Check One)

Email Billing

*Note: Email comes from
noreply@locis.com*

Print Individual Name

Print Individual Name (Joint Account)

Phone Number

Phone Number

Signature

Signature

Date

Date

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.

OFFICE USE ONLY:

DATE RECEIVED _____ DATE ENTERED _____ ENTERED BY _____