



308 West State Street
Sycamore, Illinois 60178
P: 815-895-6542 F: 815-899-9079

**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.

Financial Institution Name

Address

City, State, Zip

Account Number

Routing/Transit Number

Checking
 Savings (Check One)

NAME		0123
ADDRESS		
CITY, STATE, ZIP		01-2345/6789
DATE		
PAY TO THE ORDER OF		\$
		DOLLARS
BANK NAME		
ADDRESS		
CITY, STATE, ZIP		
FOR		
⑆0 ⑆ 2345678⑆	0 ⑆ 234567890 ⑆ 23⑆	0 ⑆ 23
Bank Routing Number	Bank Account Number	Check Number

Privacy Password

This password is necessary to make inquires and/or changes to the account. DO NOT use a social security number.

Password Reminder

A hint that will help you remember your password. The City will offer the reminder if necessary

Complete Form on Reverse Side

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

Print Individual Name (Joint Account)

Phone Number

Phone Number

Signature

Signature

Date

Date

Void Check	Date _____
Pay to the Order _____	OLLARS <input type="text"/>
PLEASE ATTACH VOIDED CHECK HERE	

PLEASE ATTACH A VOIDED CHECK TO THIS FORM

Return Form to City of Sycamore Business Office, 308 W State St – 1st Floor

OFFICE USE ONLY:

DATE RECEIVED _____ DATE ENTERED _____ ENTERED BY _____