



1610 Plainfield Road ◇ Crest Hill, IL 60403 ◇ 815-741-5104

**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 0.50¢ per transaction.

INSTITUTION NAME: _____
(Bank Name)

TRANSIT/ABA NO. _____
(Routing Number)

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: _____

ADDRESS: _____

PHONE NUMBER: _____ DATE: _____

ATTACH VOIDED CHECK HERE

