

Application
Direct Debit Water/Sewer Bill Payment System

I hereby authorize **Sangamon Valley Public Water District**, hereinafter called COMPANY, to initiate debit entries to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for **water/sewer/note payments**. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

| | | |
|-------------------------------------|----------------|-----|
| Financial Institution Name | Branch | |
| Address | City/State | Zip |
| Phone Number | | |
| Routing Number | Account Number | |
| Type of Acct ___Checking___ Savings | | |

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name

Social Security Number

Signature

Date

PLEASE MAIL THIS FORM ALONG WITH A VOIDED CHECK TO:

**Sangamon Valley Public Water District
P.O. Box 285
Mahomet, Illinois 61853**