

# ELECTRONIC WITHDRAWAL REQUEST - CITY OF MOMENCE

## WATER BILLING ONLY

Upon receipt of this **fully completed and signed** form you will be authorizing the CITY OF MOMENCE to electronically withdraw your water bill payment from either a checking or savings account. Once enrollment is processed, your water bill will show the following information **"ELECTRONIC PAYMENT – DO NOT PAY"**. The amount due on your bill will be deducted on the billing due date indicated.

### PLEASE PRINT

Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Water Account #: \_\_\_\_\_

I authorize the CITY OF MOMENCE to deduct my water bill payment(s) from the checking and/or savings account listed. I understand if at any time I decide to discontinue this payment service or change account information, I will notify CITY OF MOMENCE in writing. I fully understand funds must be available on the due date and that I am responsible for any fees associated with non-sufficient funds. More than two non-sufficient fund notices in a twelve-month period will result in removal from auto payment. All information will remain confidential. THIS FORM CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE AND DATE. Provide the required financial information below. To ensure the correct account number and correct ABA/routing number, please submit a voided check or contact your financial institution for assistance.

Signature \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

ABA/Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_

Mail or bring form to: 105 W Washington Street, Momence, IL 60954  
If you have any questions, please call City Hall at 815-472-2001, M-F from 8:00 am – 4:30pm.