

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 # : _____ Effective Date: _____

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.