



CITY OF BREESE AUTHORIZATION AGREEMENT

Please complete form and return to :

City of Breese
500 North 1st Street
Breese, IL 62230

Please select the appropriate option(s).

I would like to participate in the Direct Payment Plan
Complete customer information and direct payment plan sections.

I would like to participate in both the Budget Billing & Direct Payment Plans
Complete customer information and direct payment plan sections.

Customer Information

Name (as shown on bill)

Billing Account Number

Phone Number

Service Address

Signature

Date

Direct Payment Plan

I (we) hereby authorize the City of Breese to debit entries to my (our) account indicated below and the Financial Institution named below to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. I agree to pay a \$25.00 handling fee if my payment is returned for reasons of insufficient funds.

Name of Financial Institution

Institution Address

City

State

Zip

Phone

Routing/Transit Number

Account Number

Type of Account:

Checking

Savings

This authority is to remain in full force and effect until the city of Breese has received written notice of its termination in such time and manner as to afford the City of Breese and Financial Institution a reasonable opportunity to act on it.

Signature

Date

PLEASE ATTACH COPY OF VOIDED CHECK TO FORM