



## Village of Bourbonnais

600 Main Street NW \* Bourbonnais Illinois 60914

(815) 937-3570

Fax (815) 937-3467

[www.villageofbourbonnais.com](http://www.villageofbourbonnais.com)

### AUTHORIZATION AGREEMENT FOR AUTOMATIC (ACH) DEBITS

I (we) hereby authorize the Village of Bourbonnais, hereinafter called COMPANY, to initiate debit entries and if necessary, credit entries and adjustments for any debit entries in error to my/our account indicated below for payment of the Village of Bourbonnais sewer & refuse bill, and the depository below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

BANK NAME (DEPOSITORY) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ROUTING NUMBER \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

ACCOUNT TYPE \_\_\_\_\_ (CHECKING OR SAVINGS)

This authority is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

SEWER/REFUSE ACCOUNT # \_\_\_\_\_

NAME \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Note: The COMPANY shall retain these authorizations (or a reasonable facsimile of the original) for a period no less than 2 years after the revocation or cessation of the authorization.