



I (we) hereby authorize the City of Bloomington, to initiate debit entries to my (our) checking account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law. You should continue to pay your bill until you receive your first bill which indicates that you are on the direct payment program.

Financial Institution:

Branch Name:

Address:

City:

State:

Zip:

Routing / ABA #:

Account #:

This authority is to remain in full force and effect until the City of Bloomington has received a written 30 day notification from me (or either of us) of its termination in such time and manner as to afford the City of Bloomington and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name:

Water Account #:

Applicant Signature

Date



Please attach a copy of a voided check to this form

If you prefer not to include a voided check, complete the top sections of this form and then take the form to the bank and have the bank complete the information below. Then send the form with your next utility payment to:

**City of Bloomington
Attn: Water Collections
109 E. Olive St.
Bloomington IL 61701.**

DO NOT WRITE BELOW THIS LINE - BANK USE ONLY

Financial Institution:

Branch:

Address:

City:

State:

Zip:

Routing / ABA #:

Account #:

Bank Authorized Signature

Date

Phone