



City of Sycamore
 308 West State Street
 Sycamore, IL 60178
 Phone: (815) 895-4920 Fax: (815) 899-2054

**AUTHORIZATION AGREEMENT
 DIRECT PAYMENTS (ACH DEBITS)**

Sycamore Utility Billing Account Information:

Account Holder's Name

Service Address

Sycamore U/B Account Number

Billing Address (if different from Service Address)

I (we) hereby authorize the CITY OF SYCAMORE, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transaction to my (our) account must comply with provisions of U.S. law.

Financial Institution Name

Branch

Address

City, State, Zip Code

Routing/Transit Number

Account Number

Account Checking
 Type: Savings
 (Check One)

A.B.A Routing Numbers Example

Privacy Password

This password will be necessary to make inquiries and/or changes to the account. You may select any password but please do not use a Social Security number.

Password Reminder

The reminder is a hint that will help you remember your password. If an inquiry is made, the City will offer the reminder to help you identify the passwprd.

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

Print Individual Name

Phone Number

Signature

Date

Print Individual Name (Joint Account)

Phone Number

Signature

Date

Void Check	Please Attach	101
	Date _____	
Pay to the order _____	VOID	_____
	DOLLARS	<input type="text"/>
Check Here		
_____		_____

***PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM
AND RETURN TO THE ADDRESS AT THE TOP.***

Office Use Only:

Date Request was Received

Date Entered

Entered By