

**Carlinville Publicworks System  
Sewer, Street & Water**

550 N. Broad St  
Carlinville, Il 62626

Phone: 854-4752  
Fax: 854-4398

**Debit Authorization Form**  
(Recurring Fixed Payment)

I (we) hereby authorize the Carlinville Publicworks, to initiate Debit entries to my (our) account indicated below and the financial institution (bank) named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for full payment of the water bill.

**Debit Information:** Where should the money be collected from to make a payment?

Financial Institution Name \_\_\_\_\_ City Financial Institution is Located \_\_\_\_\_  
Checking Acct. \_\_\_\_\_ Routing Number \_\_\_\_\_ Acct. Number \_\_\_\_\_

**Credit Information:** To what water bill should the payment be applied?

Location of Service(s) \_\_\_\_\_ Account Number(s) \_\_\_\_\_

**This authority is to remain in full force and in effect until the Carlinville Publicworks has received written notification to cancel this debit from me (or either of us) for termination in such time and manner as to afford Carlinville Publicworks and the Financial Institution 10 days to make the changes.**

**Full payment of bill(s) named above will take place on the DUE date stated on each monthly bill. A \$40 fee for Non-Sufficient Funds will also apply if funds are not available in the account that payment is to be taken out of.**

Print Individual Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Individual Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK HERE**