



DIRECT PAY AUTHORIZATION Water Service

I hereby authorize the Village of Mt. Zion to initiate charges to my account, which is identified below. I also authorize the listed financial institution to make the requested payments in accordance with the Direct Pay Plan. This authorization will remain in effect until the Village of Mt. Zion has received written notification from the authorized parties to terminate this payment arrangement and has a reasonable opportunity to act on that notification. I agree that I am obligated to the Village of Mt. Zion for utility services and insufficient fund charges in the event that a charge to my account is dishonored, for whatever reason, and the Village of Mt. Zion retains its normal collection rights.

CUSTOMER NAME: _____

UTILITY ACCOUNT #: _____

SERVICE ADDRESS: _____

PHONE: _____ CELL: _____

EMAIL ADDRESS: _____

FINANCIAL INSTITUTION INFORMATION

FINANCIAL INSTITUTION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BANK ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

(Please circle one) Checking Savings

SIGNATURE: _____ DATE: _____

Complete this form and return to:

**VILLAGE OF MT. ZION
1400 MT. ZION PARKWAY
MT. ZION, IL 62549
PHONE: 217.864.5424 FAX: 217.864.5935**