



Village of Shorewood
One Towne Center Blvd.
Shorewood, IL 60404
Phone (815)207-4631

Direct Debit Authorization Form

I (we) hereby authorize the Village of Shorewood, 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 Name)

(Routing/ABA Number)

(Checking Account Number)

This authority is to remain in full force and effect until the Village of Shorewood 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 Village of Shorewood and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Date)

(Print Individual Name)

(Signature)

(Water Account Number)

(Service Address)

(Contact Phone Number)

(E-Mail Address)

Please attach a copy of a voided check to this form and return to:

**Village of Shorewood
Attn: Anna Hale
One Towne Center Blvd.
Shorewood, IL 60404
Fax (815)741-7715
E-Mail: ahale@vil.shorewood.il.us**