BRIGHTON MUNICIPAL WATER & SEWER DEPARTMENT

206 S. MAIN STREET
BRIGHTON, IL 62012
PHONE: (618) 372-8484

ACH BANK DRAFT PAYMENTS SIGN UP FORM

CUSTOMER INFORMATION

Name(s): _____

Account Number: _____

Service Address: _____

E-mail Address: _____

Phone number (Including area code): _____

FINANCIAL INSTITUTION INFORMATION:

Bank Name: _____

Bank Routing/Transit #: _____

Name on Account: _____

Account Type (Circle One) CHECKING SAVINGS

Account Number: _____

I certify that the information above is correct, that I am an authorized signer or designate of the account provided for ACH transactions, and that I am authorized to provide this information. I am also providing a VOIDED CHECK for Brighton Water & Sewer Department's records.

I authorize Brighton Water & Sewer Department to deduct my utility payments from this bank account via Electronic Fund Transfer. I also authorize Brighton Water & Sewer Department to make deposits into my account in the event that a debit entry is made in error. I understand sending a written notification to Brighton Water & Sewer Department will revoke this authorization.

Brighton Water & Sewer & The Village of Brighton reserves the right to cancel electronic Fund Transfers due to insufficient funds without notice.

Print Authorized Name

Authorized Signature Date