

City of Paris Illinois

206 SOUTH CENTRAL AVENUE
PARIS ILLINOIS 61944

Enrollment and Authorization Form to Pay Your Utility Bill by Direct Debit

I authorize the CITY OF PARIS to initiate debit entries from the checking or savings account named below to pay the amounts on my utility bill account number listed below on the 10th of each month or the next business day. In addition, credit entries and adjustments for any entries in error are authorized, if necessary. I also authorize the financial institution listed below to debit and or credit the same to my account.

I understand that I will receive a UTILITY BILL monthly stating the auto pay date and it is my responsibility to ensure that funds are sufficient to cover the utility bill by the 10th of each month. I understand that if my automatic debit is not honored by my bank, there will be a non-refundable NSF fee charged to my account and my utility service may be disconnected for nonpayment. After a second occurrence of the automatic debit being dishonored, I will no longer be eligible for this service & direct debit services will be cancelled.

I am responsible for informing the CITY OF PARIS of any and all changes should I choose to use another bank, different account number or different routing number. I release the CITY OF PARIS from any liability should an error occur due to any changes they were not informed of in writing regarding this direct debit authorization. Changes to automatic payments may take up to 30 days to become effective.

ALL INFORMATION MUST BE COMPLETED OR THIS ENROLLMENT FORM WILL BE RETURNED

UTILITY BILL ACCOUNT NUMBER _____

NAME _____ PHONE # _____

SERVICE ADDRESS _____

AUTHORIZED SIGNATURE _____ DATE _____

FINANCIAL INSTITUTION

ROUTING #

ACCOUNT #

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SAVINGS ACCOUNT (ATTACH VOIDED DEPOSIT SLIP)

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CHECKING ACCOUNT (ATTACH VOIDED CHECK)

RETURN THIS FORM TO :

City of Paris
Finance Department
206 S. Central Ave.
Paris, Illinois 61944

PLEASE INDICATE BELOW WHAT TYPE OF REQUEST THIS IS

☐

NEW

☐

CHANGE

☐

STOP