VILLAGE OF GRANDVIEW RESIDENTIAL DIRECT PAY ENROLLMENT OR CHANGE FORM

Complete this form and mail or fax it to Village of Grandview, 2377 E. Reservoir, Springfield, IL 62702
Fax: (217) 528-9690
* Indicates a required field.
*Please indicate if you are a new Direct Pay enrollee or if you need to make changes to your existing data.

☐ New ☐ Change

* Account Number: _____ ex: 1234567.89

* Name: _____

* Service Address: _____

* City/State/Zip: _____

* Home Phone: _____ Alternate Phone: _____

* Email Address: _____

Financial Account Information:

* Financial Institution Name: _____

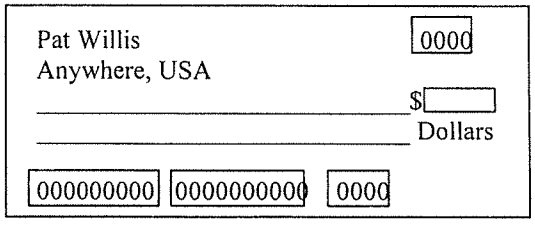
* Financial Routing Number: _____

* Financial Account Number: _____

* Financial Account Type: ☐ Checking ☐ Savings

* Date Payment will be deducted from account each month on the following date:

☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 26th



By submitting this request, you are authorizing the Village of Grandview to initiate a debit from your bank account to pay your monthly Village of Grandview Water bill on the date selected above.

Please attach a blank/voided check from the account that you are wishing the funds to be withdrawn from.

_____

Signature