

Village of Pecatonica
405 Main Street * PO Box 730 * 815.239.2310
Pecatonica, IL 61063
villageclerk@villagepfpecatonica.com

Authorization for Automatic Withdrawal Bank Payments

CUSTOMER INFORMATION

Name _____

Address _____

E-mail Address _____

Billing Account # _____ Phone # _____

FINANCIAL INSTITUTION INFORMATION

Bank Name _____

Name on Account _____

Bank Routing # _____ Account # _____

Account Type (check one) ☐ CHECKING ☐ SAVINGS

Transaction Date will be the 25th of every month

(Date in which the funds will be deducted from your account, if date falls on a weekend or holiday then the transaction will take place the next business day)

I authorize the Village of Pecatonica to deduct my water/sewer/recycle payments from this bank account via Electronic Fund Transfer. I understand sending a written notification to the Village of Pecatonica will revoke this authorization.

The Village of Pecatonica reserves the right to cancel Electronic Fund Transfers without notice due to insufficient funds.

Print Authorized Name

Authorized Signature

Date

Please attach a copy of voided check and/or savings deposit slip.