## City of Red Bud, IL

## CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH (ACH DEBITS)

CONSUMER AUTHORIZATION FOR DIRECT PATIVIENT VIA ACH (ACH DEBTS)	
PLEASE PRINT	
Name:	Utility Account Number:
Address:	
City:	State and Zip Code:
Phone Number:	
Financial Institution:	
City:	State and Zip Code:
Checking Account Information:	
Account No:	Routing No
account to correct erroneous debit must comply with US Law and NAMA Amount of debit each month will same month the bill is due. The Cochecks resulting from insufficient monthly debit, then the City shall of \$35.00 for each instance of instance of instance of the Company of the Program.  I understand that this authorization	be full amount owed on monthly utility bill and debited on the 22nd of the City of Red Bud, IL is not responsible for any overdrafts, fees, or bounced funds as a result of the monthly debit. If there are insufficient funds for the notify the utility customer and the customer shall owe a returned check fee ufficient funds, or failure of payment for any reason, in addition to the AVING 3 OVERDRAFTS ON YOUR ACCOUNT YOU WILL BE REMOVED FROM It will remain in full force and effect until I notify The City of Red Bud, IL in writing tion. I understand that the City of Red Bud, IL requires at least 30 days prior no-
Signature:	Date:
PLEASE PROVIDE A VOIDED CHEC	K.
* Do NOT attach a deposit slip	
ATTACH HERE	

**PLEASE RETURN TO:** 

CITY OF RED BUD, IL 200 EAST MARKET STREET RED BUD, IL 62278