



City of Jacksonville, Illinois

MUNICIPAL UTILITIES

200 W. Douglas, Jacksonville, Illinois 62650-2094

Telephone: (217)479-4615 Fax: (217)245-2822 www.jacksonvilleil.com

I (we) hereby authorize the City of Jacksonville Municipal Utilities, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Information:

Depository Name _____

City _____ State _____ Zip _____

Routing Number _____ Bank Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ Municipal Utilities Account Number _____

Service Address _____ Phone Number _____

Date _____ Signature _____

Please attach a voided check or deposit ticket here.

***You will still receive a monthly bill (on the bill it will indicate that it will be paid through direct payment). Direct payment will start with your next bill. The amount of the bill will be deducted from your account on the due date, unless you have a zero or credit balance on your account. If you have any questions about direct pay, please call Sally Long 479-3531 or e-mail Slong@jacksonvilleil.com.