



# Sewer and Trash Payment (ACH) Authorization Form

City Hall  
101 S. Illinois St., Belleville, Illinois 62220  
Phone#: (618) 233-6810

I (we) hereby authorize the City of Belleville, Illinois, to initiate debit entries to my (our) checking or savings account specified at the depository financial institution named below, hereafter called FINANCIAL INSTITUTION, 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 state and federal law. You should continue to pay your bill until you receive your first statement showing that you are on the direct payment program.

Financial Institution: \_\_\_\_\_ Checking or Savings (Please Circle)

Branch Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing / ABA #: \_\_\_\_\_ Account #: \_\_\_\_\_

This authority is to remain in full force and effect until the City of Belleville, Illinois has received a written notification from me (or either of us) of its termination in such time and manner as to afford the City of Belleville, Illinois and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Name: \_\_\_\_\_ Sewer/Trash Acct #: \_\_\_\_\_

Applicant Signature

Date

**▶ Please attach a copy of a voided check to this form**

Example:

