

CREDIT/DEBIT AUTHORIZATION FORM

I (we) _____ hereby authorize **Village of Mansfield** (THE COMPANY) to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

(Address of Financial Institution - Branch, City, State & Zip)

Financial Institution Routing Number: _____

Account Number: _____

Type of Account: ___ Checking ___ Savings

These numbers are located on the bottom of your check as follows:

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ
Routing Number Account Number

Amount Per Transaction: **\$22.00** Frequency: **Monthly on the 1st**

Signature: _____ Date: _____

Water book account # _____ Phone # for questions: _____

Which month would you like to begin ACH? As long as this is received by the clerk before the 25th of the month, it will begin on the first of the next month. (Example: received by Dec. 25 means it will begin Jan. 1)

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Please return to Village water payment drop box at 101 E. State St. or mail to PO Box 10, Mansfield, IL 61854

Please include a VOIDED CHECK