

TOWN OF CICERO
ACH Authorization Form For Utility Payments

Please pay Utility Bill until one is marked “Auto Withdrawal-Do Not Pay” in bold letters.
You will still receive a monthly bill for your review, questions should be addressed immediately.
Auto withdrawal will be completed on the 10th of each month.

Bank Name:	Bank Phone Number:
Bank Account Number (not to exceed 17 digits):	Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking
Bank Routing and Transit Number (required 9 digits):	Requested Effective Date:
Reason for Payment: <p style="text-align: center;">UTILITY BILL</p>	Your phone number:
Frequency of Payment: <p style="text-align: center;">MONTHLY</p>	Date Signed:
Printed Name:	Cicero Account #:
Address:	

I hereby authorize the Town of Cicero/Cicero Municipal Utilities to initiate debit entries of my monthly bill to my/our Checking/Savings account, indicated above at the depository financial institution. If item is returned unpaid, you will have to pay cash for the bill in the office, along with an additional \$20 for a returned payment fee.

 Signature of Account Holder(s)

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<p>ATTACH VOIDED CHECK HERE</p> <p>A VOIDED CHECK FROM YOUR CHECKING ACCOUNT MUST BE INCLUDED IN THIS APPLICATION (Do not use a deposit ticket or temporary check)</p>
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Customer deciding to stop the ACH withdraw

Printed name:	
Authorized Signature:	Date Signed: