I (we) hereby authorize the Village of Okawville to electronically debit my (our) account as follows:

[ ] Checking Account/ [ ] Savings Account (**select one**) at the depository financial institution named below. I (we) agree that ACH transactions I (we) authorize comply with all applicable law. I (we) agree to pay a $25.00 handling fee if my (our) payment is returned for reason of insufficient funds or closed account.

Bank/Depository Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of debit(s) will be determined by actual billed amount each month. Utility bills indicating the amount of debit will be mailed no later than the 10th of each month.

Debit(s) will be processed on the 20th of each month, unless the 20th falls on a weekend or holiday when the debit(s) will be processed on the next business day.

I (we) understand that this authorization will remain in full force and effect until one of the following conditions has been met:

* the Village of Okawville has received written notification, in its office at 304 N Front Street, from me (us) of its termination no later than the last day of the calendar month prior to the final debit.
* the Village of Okawville has received verbal notification at 618-243-5972 from me (us) of its termination no later than the last day of the calendar month prior to the final debit.
* the Utility Billing account has been finalized and no further bills will be generated.

Print Individual Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Attach a VOIDED check or Deposit slip to this form.*

**DO NOT WRITE BELOW THIS LINE**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

I HEREBY REVOKE THE ABOVE AUTHORIZATION EFFECTIVE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_