



DIRECT DEBIT UTILITY BILLING AUTHORIZATION FORM

**City of Columbia
208 S. Rapp Ave.
Columbia, IL 62236
618.281.7144 x 100**

This easy and convenient service is free of charge – no more worrying about paying your monthly bill. If you choose to utilize this service, you will continue to receive your monthly statement around the first of every month showing all of your charges. On the 15th of every month, your checking account will be automatically debited for the exact amount on your bill. (If the 15th falls on a Saturday or Sunday, the direct debit will take place on the following workday.)

To initiate this service, fill out the attached form, attach a voided check to the form and submit your request to the City Clerk's office at City Hall. You can bring your form in person, submit by mail or put the form in the drop box outside of City Hall.

Information regarding the form:

The account to be debited **must** be a checking account.

The person signing the form must be named on the checking account. Unsigned forms will be returned. Forms submitted without a voided check attached will be returned.

General information:

If payment is ever returned from your account due to non-sufficient funds, your City utility account will be charged \$15.00 and your account must be paid in full by cash, money order or cashier's check immediately. Fees charged by the City for returned payment are in addition to any fees charged by your financial institution.

If you have any additional questions, please contact the City Clerk's Office (618) 281-7144 ext. 100 or 102.

AUTHORIZATION FOR UTILITY BILLING DIRECT DEBIT

PLEASE PRINT

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Utility Account #

Name:	
Address:	No. Street
	City
Contact Phone #:	

Direct Debit Information

Financial Institution:	
Branch:	
City, State, Zip Code:	
Account #:	
Routing #:	

I wish to have my monthly utility bill directly withdrawn from my checking account. I hereby authorize the City of Columbia, Illinois to originate an electronic debit transaction to my bank or credit union account as indicated below and to debit the same to such account.

Signature

Date

For direct debit account verification, attach a VOIDED CHECK for automatic checking account debit.

ATTACH VOIDED CHECK HERE

Note: Do NOT attach a deposit slip.

Return form to: City of Columbia
Attn: City Clerk's Office
P.O. Box 467
Columbia, IL 62236