

VILLAGE OF PRINCEVILLE

206 N. Walnut Ave., P.O. Box 200, Princeville, Illinois 61559
Telephone: 309-385-4765 Fax: 309-385-2631 Email: villagehall@princeville.org

ACH Payment Plan (Direct Debit) for Utility Services (water, sewer, garbage, recycle) Authorization Agreement

You can use this form to initiate or change ACH banking information.

Send this completed form to:

Village of Princeville, P.O. Box 200, Princeville, Illinois 61559

CUSTOMER INFORMATION

Name _____

Phone Number _____

Address _____

City _____ State _____ Zip _____

Billing Account Number: _____

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name _____

Address _____

City _____ State _____ Zip _____

Account Holder Name(s) _____

Account Number _____

Routing Number _____

Account Type (Check One)

Checking _____

Savings _____

Authorization and Release

I hereby authorize the Village of Princeville to initiate debit entries to my account as indicated above. I understand that automatic payment of my bill amount will be made on the bill's due date, which is the 10th day of each month, unless the 10th falls on a Saturday, Sunday or legal holiday, in which case, such payment will be made on the following business day. This authorization will take place on the first billing cycle to occur after my authorization form is received and processed by the Village of Princeville. This authority is to remain in full force and effect until I revoke the agreement by written notification to the Village of Princeville in such a time and manner to afford a reasonable opportunity to act upon the notice. I have the right to stop payment of a charge by notifying the Village of Princeville three (3) business days prior to the due date on my bill. I understand that both the Village of Princeville and the financial institution named above reserve the right to terminate this agreement or my participation therein. A copy of this authorization will be provided upon request. I understand and agree that any fees charged by my financial institution for such debit entries or for insufficient funds are my responsibility and I release the Village of Princeville from any liability for charges incurred as a result of such debit entries or insufficient funds. I have read and agree to the terms of this direct debit payment plan.

Signature: _____ **Date:** _____