

# CITY OF CHESTER

1330 Swanwick Street  
Chester, IL 62233  
618 826-2326

## AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize the CITY OF CHESTER to debit entries to my (our) account indicated below and hereby authorize the Financial Institution named below to debit same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____	_____
(Financial Institution Name)	(Branch)
_____	_____
(Financial Institution Street Address)	(Bank Routing/Transit Number)
_____	_____
(City, State, Zip)	(Bank Account Number)

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

This authority is to remain in full force and effect until the CITY OF CHESTER has received written notification from me (or from either of us) of its termination in such time and manner as to afford the CITY OF CHESTER and Financial Institution a reasonable opportunity to act on it.

_____	_____
(Print Name)	(Print Name)
_____	_____
(Signature)	(Signature)
_____	_____
(Street Address)	(Telephone Number)
_____	_____
(City, State, Zip)	(City Utility Account #)
_____	
(Date)	

**PLEASE ATTACH A COPY OF VOIDED CHECK TO THIS FORM**