

CITY OF NEWTON, IL

ELECTRONIC FUNDS TRANSFER (EFT) / ACH PAYMENT AUTHORIZATION FORM

CUSTOMER INFORMATION	
CUSTOMER NAME(S) ON ACCOUNT:	UTILITY ACCOUNT #
CONTACT NAME:	SERVICE ADDRESS:
CONTACT PHONE:	CONTACT EMAIL: (not required)

BANKING INFORMATION	
Bank Routing #:	Bank Account #:

Financial Institution Name & Location (City, State):	Account Type: (check only one)
	Checking Savings

If funds in the above checking account are coming from outside the US, please check here ___

Bank Account Owner Authorization	
<i>I (We) authorize City of Newton, IL to initiate a charge entry for payment of utility service as billed, to my (our) checking account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions in error. The transaction will occur on the 10th of each month, or the day after when the weekend or holiday conflicts.</i>	
<i>This authority will remain in effect until the City of Newton is notified by me (us) in writing to cancel it in such time as to afford the City of Newton and Financial Institution a reasonable opportunity to act on it.</i>	
Account Holder Name Printed:	Account Holder Name Printed:
Account Holder Signature:	Account Holder Signature:
Date:	Date:

PLEASE ATTACH A VOIDED CHECK HERE