

Village of Dunlap
104 North Second
P. O. Box 17
Dunlap, Illinois 61525

Customer Agreement Water/Sewer

Name _____ Initial Sign-Up _____
Telephone Number _____ Change _____
Email Address _____ Delete _____
Water and Sewer Account Number _____ Effective Date _____

I hereby authorize the Village of Dunlap's Bank to withdraw funds for payment of water and sewer services from the financial institution and account number listed below. **Please attach a voided check to the application.**

Financial Institution/Bank _____			
Address _____			
City _____	State _____	Zip _____	Phone (____) _____
Checking Account Number: _____			

***** **Transit/ABA Number** _____ *****

Name	1234
Address	_____
	_____ 20 _____
Pay to Order of _____	\$ _____ Dollars
BANK NAME	
Memo _____	
.: 123456789 .: 123 ::456: 1234	

Transit/ABA No. ↑ ↑ Account Number

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of United States law.

This authority is to remain in full force and effect until the Village of Dunlap has received written notification from me as to its termination in such time and in such manner as to afford the Village of Dunlap a reasonable opportunity to act on it, or until the Village of Dunlap has sent me 30 days' written notice of their termination of this agreement.

Signed _____ Date _____