



Direct Pay Authorization

I hereby authorize the Village of Mt. Zion to initiate charges to my account, which is identified below. I also authorize the listed financial institution to make the requested payments in accordance with the Direct Pay Plan. This authorization will remain in effect until the Village of Mt. Zion has received written notification from the authorized parties to terminate this payment arrangement and has a reasonable opportunity to act on that notification. I agree that I am obligated to the Village of Mt. Zion for utility services and insufficient fund charges in the event that a charge to my account is dishonored, for whatever reason, and the Village of Mt. Zion retains its normal collection rights.



Water Utility Bill

Customer Name: _____

Account #: _____

Service Address: _____

Mail Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Email Address: _____

Financial Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Account:



Checking



Savings

Call your financial institution for this information if you do not know it.

ABA Routing Number: _____

Account Number: _____

Customer Signature: _____

Print and complete this form and return it to:

Village of Mt. Zion
400 W. Main Street
Mt. Zion, IL 62549