Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application Number\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| COMMISSIONERS  MARY JANE MANnELLA  GEORGE PASTORINO  JOHN ZAPALA | A picture containing graphical user interface  Description automatically generated | 7000 sOUTH aRCHER rOAD  jUSTICE, IL 60458-1196  PHONE: 708-458-7010  WWW.JWSWC.ORG |

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWALS

(ACH DEBITS)

Company or Individual Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Service Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (we) hereby authorize Justice Willow Springs Water Commission (“Hereinafter called “Commission”) to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries posted in error, to my (our) \_\_\_ checking account \_\_\_ savings account (please select one) indicated below. Additionally, I (we) authorize the Financial Institution names below to accept debit and/or credit entries initiated by Byline Bank.

Name of Financial Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This authority is to remain in full force and effect until Commission has received written notice of termination in such time and in such manner as to afford Commission and Financial institution a reasonable opportunity to act on it

Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PLEASE ATTACHED A VOIDED CHECK WHEN MAILING IN THIS AUTHORIZATION***