



MATTOON, ILLINOIS: *Working Together to Build the Future*

CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize THE CITY OF MATTOON to initiate entries to my checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transaction credited/debited in error. This authority will remain in effect until The City of Mattoon is notified by me (us) in writing to cancel it in such time as to afford The City of Mattoon and The Financial Institution a reasonable opportunity to act on it.

In the event my account has insufficient funds to cover the debit, I will incur an additional \$25.00 service fee and my water service account will be subject to disconnection. I also understand that a second attempt to debit will not be made and I will be required to make my payment by cash, credit card or money order.

(Name of Bank)

(Address of Bank – Branch, City, State & Zip)

(Signature)

(Date)

(Name on Bank account)

(Home Address)

Financial Institution Routing Number: _____

Account Number: _____

_____ Checking

_____ Savings

(check one)

City of Mattoon-Water & Sewer Account Number _____

Water & Sewer Account Service Address _____

PLEASE ATTACH AN IMAGE OF YOUR CHECK